The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

Vol. XXVII. WINNIPEG, MAN., JULY, 1931 No. 7

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Editor and Business Manager:—
JEAN S. WILSON, Reg.N., 511 Boyd Building, Winnipeg, Man.

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The Injection Treatment of Varicose Veins

By H. M. ELDER, M.D., Demonstrator in Anatomy, Assistant Demonstrator in Surgery, McGill University, and Assistant Surgeon, The Montreal General Hospital

The injection method of treating varicose veins has recently been hailed, both among the laity and the profession, as an entirely new departure in the relief of this condition. But it is interesting to note that the underlying idea is by no means new, and it is only the mode of application of the idea which has been developed in the last ten or twelve years.

As far back as 1851, one can find references in medical literature to attempts having been made to produce obliteration of varicose veins by the injection of caustic or sclerosing substances. This early attempt is mentioned by Thornhill in his book, and the solution used is stated to have been perchloride of iron.

Apparently these attempts were not very successful, and in 1885, one finds Chassaignac and Pravaz attempting to revive the method by the injection of red iodide of mercury. These attempts also were followed by bad results: sloughs, phlebitis, gangrene and even death occurring, and the method was again abandoned.

In 1905 Tavel resurrected the method in his carbolic acid injection for the cure of haemorrhoids, which are, of course, merely a varicose condition of the lower haemorrhoidal veins. This treatment has continued in use to some extent, up to the present, though it has been very nearly abandoned.

Then, in 1917 Sicard, who was giving salvarsan to some French soldiers, noted that following the injections, there occurred at times an obliteration of the vein, but without the pain, redness, oedema or fever which are the concomitants of true thrombo-phlebitis, and in order to distinguish these two phenomena, he named the former reaction a veinitis.

He then set about finding the cause of this, and at first was inclined to suspect the arsenical preparation, but was soon able to determine that it was the carbonate of soda, which had been used to neutralise the solution. Having found a chemical which was capable of producing rapid sclerosis of a vein, without the characteristics of phlebitis, and with no evidence of the condition migrating, it occurred to him to inject this solution into varices. This he did, and then waited with exemplary patience for nearly three years, when, in 1920, he published his paper and showed his cases to a medical society at Marseilles.

Following this, there was a burst of enthusiasm, particularly in France, and a number of cases were injected.

It was found, however, that this solution still had, to a modified degree, the disadvantages of the older solutions, in that it was still too caustic.

In collaboration with Paraf and Forrestier, however, Sicard found that sodium salicylate was effective, and, in careful hands, practically free from danger.

There are now a great number of solutions in use, and each has its adherents, though no one solution is really applicable to all cases, since one must take into account the possibilities of the individual idiosyncrasies of the patients.

Sodium salicylate, quinine urethane (Génevrier) glucose, hypertonic salt,

and a host of combinations of these are all being used. Of late sodium morrhuate has been brought before the profession, and has apparently been giving satisfaction to those who have used it.

Before one can set to work to inject varicose veins, however, one must have some conception of the anatomy and physiology of a varicose vein.

Roughly, they may be divided into three types:

1. The compensatory
2. The idiopathic
3. The symptomatic

The compensatory type is that which occurs as a result of interference with the circulatory system, such as a phlebitis of the deep veins with occlusion, and the consequent dilatation of the superficial veins in an effort to carry off the total blood volume; or as a result of back pressure, as with a pelvic tumor pressing upon the iliac veins.

Obviously in these cases, an attempt to obliterate the veins is contra-indicated, since in the first instance successful obliteration would lead to gangrene, and in the second, if the cause is not first removed, other veins will dilate promptly, and replace the obliterated ones with another crop of varices.

The only treatment here is support, either by bandage or well-fitting elastic stockings, and the only time injection is permissible is when there is ulcer.

If one finds such a patient, as one not infrequently does, with ulcer, it is permissible to inject and obliterate the varices immediately about and under the ulcer in order to permit of healing.

By idiopathic, are meant those which appear without apparent cause. That is, those appearing in young people whose occupations do not involve an undue amount of standing, and in whom no circulatory disturbance can be demonstrated. These are the ones which Osler classified as those people in whom "the plumbing was bad."

The symptomatic type is that which is found in persons whose occupation requires them to be on their feet a great deal, and more particularly those who are standing rather than walking.

Varices are also, of course, a very common result of pregnancy, from the pressure upon the pelvic veins. In fact this is so common that one always thinks of the proportion of varicose veins as being five or six females to one male. But recent experience in the out-patient clinic of the Montreal General Hospital has led us to believe that this is not the case, and that the proportion is not greater than about three to one.

The two latter types (i.e. idiopathic and symptomatic) are those which are suitable for treatment by injections, but in order to determine this one must examine the patient, and definitely classify the lesion.

The main tests used are, Homan's test which demonstrates the patency of the deep veins, and the fact that the communicating veins between the deep and superficial systems are not too widely open nor too numerous.

The second is Trendelenberg's test, which demonstrates the incompetence of the values in the veins, and the presence of a reverse flow.

The third may be termed a functional test, and merely consists of the application of a moderately firm elastic bandage, allowing the patient to wear it for a day or two. If there is a decrease, or at least no increase in discomfort, and no marked swelling of foot or ankle following this, it is quite safe to inject these veins.

With regard to the dangers of the injection method, they may be briefly stated to be approximately one-half of those of the operative treatment. This statement is based upon figures covering many thousands of cases, and the mortality is shown as being approximately 0.5 per cent. as com-

pared with 1 per cent. in the operative treatment.

The question which always arises is the question of embolism. Naturally enough the query is made as to why a patient with thrombo-phlebitis is so rigorously confined to bed, and such pains taken that the affected limb should not be massaged or disturbed in any way, and yet, a similar process having been produced by injection, the patient is advised to go out and walk about.

The reason is two-fold. In the first place, the lesion produced by injection is similar but not identical, inasmuch as in a thrombo-phlebitis the original cause of the formation of the clot is a small area of inflammation or ulceration of the vein wall. Upon this a blood-clot forms, and upon that further clots form, somewhat like the picking up of a series of needles with a magnet, until there is a long serpent-headed clot, filling the lumen of the vein, but attached to the vein at only one small area. And, with this in mind, one can see how easily the whole or a portion may become dislodged, and, floating in the blood stream, become a pulmonary embolus.

The clot produced by injection is of similar origin, and is due to an inflammatory reaction of the lining of the vein to the sclerosing fluid. The fluid itself does not produce the clot, and one must stress the fact that the procedure is not the injection of a fluid to clot the blood. On the contrary the fluid must be an anticoagulant fluid. Early attempts were made with coagulants, and hence an additional reason for their abandonment because of risk of embolus.

The fluid practically acts as a mild caustic, and as a result of this action, and the reaction to it of the lining of the vein, there occurs the laying down, layer by layer, of a clot which is firmly adherent to the vein wall throughout its entire length, and which is practically inseparable even by massage.

The other point is one which has been mentioned previously, and that is, that in the upright posture, the flow of blood in a varicose vein is reversed, and flows distally. Hence, if the first safeguard were not sufficient, and a portion of clot did break off, it would only go downward in the same vessel, and do no damage.

In earlier articles dealing with this subject, one finds a long list of contra-indications to the use of the method, but familiarity has possibly bred contempt, and this list has been greatly reduced until now, the compensatory type is practically the only one which cannot be treated. Even in these, as has been said, if there is ulcer, cautious injections may be made about it.

With regard to varices occurring during pregnancy, opinion is somewhat divided, but it is probable that in the majority of cases treatment should not be instituted until after parturition. In patients who have had varices prior to pregnancy, or who are suffering greatly from them, it is possible that injections are permissible in the early months, though the quinine solutions should be avoided.

Kidney disease is given as a contra-indication, though it is probable that in itself, it is not so. The condition present here, is the possibility that swelling and discomfort may not be due to varicose veins, and consequently their treatment will not benefit the condition.

Similarly, high blood pressure has been cited as a reason for withholding injections. This again is probably because, in these individuals, there is a dilutation of minute skin vessels, similar to the condition which sometimes occurs on the nose, in which injection is impossible, since there are thousands of these scattered over the limbs, and the majority are too small to permit the entry of a needle.

The actual technique of injection may be made as complicated or as

simple as is the wish of the operator. Special syringes, special needles, blood visualising bulbs, Vacheron table, and vein occluders may be employed, or simply an ordinary syringe with a hypo needle, and a kitchen chair. The end result in both cases will probably be very similar.

The question of where to commence injections is also in dispute, and here again, there are two schools; those who commence injections at the lowest varix and work upward by small doses, and those who prefer to administer a maximal dose at the highest point, with the patient standing, and let the fluid run down throughout the system of varices.

The practice in our clinic is to commence at the lowest varix and work up, since it is felt that one may possibly be sufficiently familiar with the method to estimate approximately the amount of solution necessary to sclerose any given varix, but that it is very difficult indeed to estimate the amount necessary to sclerous a whole system of varices, even if the amount is not greater than the safe maximum dosage.

The varix to be injected is selected. The foot is placed upon another chair or a foot rest slightly lower than that upon which the patient sits, and the needle entered. The plunger is pulled back until blood appears, in order to make certain that the needle is in the vein, and the injection is made. A pledget of gauze and a strap of adhesive are firmly applied in order to compress the vein and prevent a leakage of solution into the perivenous tissue, and if the varix is a very large one which stands out prominently, a crepe bandage is used as well.

Leakage must be avoided with the majority of the solutions used since local death of tissue and the formation of a small dry slough almost inevitably ensues if any appreciable amount is extravasated. This is followed by the formation of a small, painless, very slowly healing ulcer, which leaves a scar.

The reason for applying pressure, is that after the initial reactions and occlusion of the vein by clot has been attained a considerable time is required for the organisation of this and the vein wall into a fibrous cord, which is the end result desired.

The time required is necessarily dependent upon the size of the boss which has been produced, and if this is limited by the application of pressure to keep the vein walls as nearly in apposition as possible, the time required for its entire disappearance is appreciably diminished.

On the whole, the injection method offers a convenient and apparently safe mode whereby varicose veins may be treated without the necessity of hospitalisation or interference with the normal daily routine of the patient, since it is very rarely indeed that a reaction sufficiently marked to require inactivity occurs. Should this take place it usually means that there has been either too large an injection used at one time, or an idiosyncrasy on the part of the patient to the particular solution injected.

Editorials

Do We Understand

Health is today recognised as man's greatest asset, and no one will dispute that preventive medicine plays an important part in its attainment. Expensive and, in some instances even elaborate, machinery has been put in motion in order that the principles of health may be made known to the layman and woman, in the city and country, to the prospective mother, to the school-child and even the child of pre-school age. What about our schools of nursing? Such a question may seem superfluous and yet its true significance has not dawned upon the minds of many of those responsible for the direction and training of the student nurse.

How often are the principles upon which public health training is based included only in the final year of a nurse's training and then, touched upon lightly as a subject to be specialised in later. So we substitute a few months intensive study, of a subject comparatively foreign to the mind of the student, after the real army of opportunities for practical application have passed by; or the young graduate goes out into the world inadequately equipped to teach, or even to understand, the principles of health. Has she not spent three years studying the care and treatment of disease, the negative rather than the positive side? It is true that to really understand the abnormal the normal must be studied, and that the most valuable conclusions in life are arrived at by comparison; equally true is it that health and disease cannot be satisfactorily analysed apart. Today — cancer, tuberculosis, diabetes are occupying the attention of the public health, private duty and institutional worker alike, they have ceased to be a hospital problem alone; so it is with many diseases, they have become an economical, educational, social and public health responsibility. We now treat not only the patient but the patient's relatives and friends; we have learned the far-reaching effects of preventive medicine.

The student nurse must, therefore, be taught an early interpretation of public health in its broadest sense, considering not only the physical and mental welfare, but also the social and economic aspect of life, and the importance of this influence upon the community with which she comes in contact. This knowledge is necessary in order that she may fully expand in her sphere of usefulness and also be alive to the opportunities that await her, opportunities which will otherwise be a closed book to her. Surely in the interest of both patient and nurse a readjustment of the curricula in schools of nursing must be effected and the principles of public health teaching included as a basic subject.

The hospital with its school of nursing is now recognised to have two main functions:

1. The care of the patient—let it be remembered the patient of tomorrow as well as today.

2. To educate those associated with it and the community which it serves in the prevention, as well as the treatment of disease—always stressing the importance of the former.

Must not the teachers be those who come in daily and hourly contact with the patients and their relatives and friends? Of what use is it to instruct the young girl suffering from tuberculosis how to carry out her own cure if she is not to learn how to avoid transmitting the infection to others, or if her parents are not educated to guard other members of

the family from a similar fate and from becoming hospital charges? No better opportunities to teach health principles to both the community and the nurse are offered than while the patient is in the hospital. It has truly been said that gratitude for relief in suffering opens the minds as well as the hearts of men. So it falls to the lot of interne and nurse to be teachers of health within and without the institution, and hospitals must obviously become the training centres for these teachers. In the past much nursing was done in the home and the nurse unconsciously became the health teacher; now, when the sick are largely cared for in institutions, this teaching must continue to be the responsibility of the nurse; it cannot be otherwise.

Until recently public health has been regarded, even by members of the profession, as a new thought, something apart from the other branches of medicine and nursing rather than an integral part of them so closely allied that the problems and interests are inseparable; really great things will only be accomplished when we learn that they are synonymous.

A prominent public health worker has said, "In the confusion of our vastly increased numbers and our more complex problems some of us have become isolated, some of us have become 'Class conscious,' giving our greatest faith to the particular class to which we are attached—educators, administrators, public health or private duty. We are isolated from others and are prone to become critical because we do not understand." There is no place for misunderstanding between members of the nursing profession today! It is in the school of nursing that all possibility for such misunderstanding must be removed; there the foundation is being laid, upon which the future of the nursing profession is to be built. Student nurses must be taught to understand the problems as a whole, if they are to take their place in the world and properly serve the community in which they live.

We are today groping to find a solution of the difficulties with which our profession is beset. In an attempt to meet the complexities of life are we missing the simpler truth—that those who successfully minister to the body must also minister to the mind. We cannot all become experts in the various branches of nursing, but we must all come to recognise that healing of the body and mind go hand in hand, and that the future calls for nurses who will go forth from the schools of nursing imbued with public health principles, prepared to teach health while they assist in the treatment, control and elimination of disease.

—*K. W. E.*

The American Hospital Convention in Toronto

One of the outstanding events of the hospital world in Canada for this year will be the big convention of the American Hospital Association, to be held in Toronto during the week of September 28th-October 2nd. This convention brings together the leaders in the hospital field from all parts of the United States and Canada and affords delegates an unusual opportunity to hear papers by leading hospital authorities and to participate in the discussions. The convention headquarters will be the Royal York Hotel, although the day sessions, sectional meetings and exhibits will be in the Transportation Building at the Canadian National Exhibition grounds. Already a large number of hospital workers from all parts of Canada have signified their intention to be present.

The Ontario Hospital Association will be host to the visiting organisation and for some months has had an active committee attending to local

details. The central programme committee has expressed a desire that Canada be unusually well represented on the scientific programme and it is anticipated that a number of well known Canadian hospital, medical and nursing workers will participate. Problems of administration, of organisation, of construction and of the school of nursing will be given special consideration. One session will be devoted to refrigeration and to air-conditioning. A feature of the programme will be a symposium on health insurance, or state medicine, and its likely effect on hospitals.

The educational and commercial exhibits will be larger than ever this year. The former give one an excellent opportunity to keep in touch with educational and social progress and the commercial exhibit offers hospital administrators and others an unusual opportunity to see at one time practically all of the newer developments in hospital equipment and supplies. Social diversions have been arranged in the form of a dinner dance at which the internationally famous Mendelssohn choir will sing, an informal dance following the meeting on Trustees' Night and a garden party.

Meeting immediately before or during the convention week, will convene the Protestant Hospital Association, the American Occupational Therapy Association, the American Association of Record Librarians, the Children's Hospital Association of America, the American Association of Hospital Social Workers, and the Hospital Dietetic Council.

G. H. A.

TOAST TO "OUR DOCTORS"

Canadian nurses at home and abroad will appreciate reading the following "Toast" as given by Miss Jennie Webster, at the Alumnae Dinner to the Graduating Class, June, 1931, The Montreal General Hospital Training School for Nurses.

Miss Webster holds an enviable record as she has been Night Superintendent at The Montreal General Hospital since February, 1900. By all who have worked or come in contact with Miss Webster, she is known as "Our Ideal Nurse" and "Our Beloved Miss Webster."

Madam President and Fellow Workers:

There can be no one in our midst tonight who will dispute me when I say that it pleases me beyond words to suggest a toast to that particular group of people who are our superior officers, our staunch allies and friends, and who represent the most worthy of all professions, "Our Doctors." It is not too much for me to say that I love the doctors, and why shouldn't I? We have worked together, they and I, for more years than some of you can credit to your lives. It has been my great privilege to assist and be taught by some men who have made history in Montreal. The names will be familiar to the medical students of future generations. I have watched our visiting doctors through their struggling days in university, through the period of interneship, their long days and nights of broken rest. How often have I dragged them from their beds because some less worthy person had a pain and could not sleep—and since that time I have watched their creditable progress in the outside world. How they have stood the test of competition. How their names have travelled far and wide. Some of them rank among the great authorities of the world. How they have been staunch supporters of the nurse, defending her when she was in the wrong, and caring for her when she was ill.

As I look upon our present day internes, I can see history repeating itself. What splendid men they are! Like "Tommy Atkins," they are always ready when the call of duty comes—and to the graduating class tonight I should like to add these words: "Cultivate a loyalty to your doctors. That cannot fail. Your doctor is your teacher and guide. Serve him with patience and sympathy but never criticize." Some times he will be over tired and short in the grain, if you know what that means. You will be sore and even to the point of tears, but take it as a compliment, and the next time you will find he will help you over the stile.

Many, many times they have helped me over obstacles. When the road was rough and I was weary and tired—my dear doctors, ladies, let us arise and drink to our noble teachers and advocates, our tried and true friends—"Our Doctors."

General Mannerheim's League of Child Welfare in Finland

By Dr. ERIC MANDELIN, Secretary-General, Finnish Red Cross

On the 4th of October, 1920, a league for the protection and care of children in Finland was founded on the initiative of General Mannerheim, liberator and former Regent of Finland. This league was named after its founder, and in 1922 it was affiliated to the Finnish Red Cross. In 1924 it was incorporated with the International Association for the Protection of Children as its Finnish section, and since the beginning of 1925 it has been known as the Child Welfare Division of the Finnish Red Cross.

The area of Finland is larger than that of Great Britain, but the total population is only three and a half million. The number of children under fifteen years is roughly 1,260,000. Nativity has been decreasing since 1900, and now amounts to about 70,000 births annually.

The law provides that the state and local authorities shall take charge of orphan, homeless, abnormal and pauper children, but this child welfare work of the public authorities must be supplemented and intensified by voluntary effort. Here General Mannerheim's League of Child Welfare has a wide field of activity.

The aims of General Mannerheim's League of Child Welfare are to advance the physical and moral development of the rising generation of the country insofar as this is not already being done by the state or local authorities. The League fulfils its task by means of a central organisation and local branches.

The central organisation consists of a council of forty members and an executive committee, elected by the council, which meets regularly and acts as the executive board of the central organisation—a number of sub-committees appointed by the executive—and of a central office with the secretary-general of the League as director, a lady inspector of public health nursing, a lady inspector of juvenile work and mental hygiene, and the necessary office staff. The central organisation trains the people necessary for this work and forms the connecting link between the local branches.

Each local branch of the League covers as a rule the area of a municipality and local branches are to be found all over Finland, amounting in number to 527. These local branches of the League are independent associations with their own finances.

These local branches are the agents which strive for the fulfilment of the aims of the League. The activities of the local branches vary very much according to the requirements of each locality, and comprise all the different branches and forms of work in the programme of the League. One of these many activities is mental hygiene work.

In order to discover what would be required of mental hygiene work with regard to children of school age, the League sent a questionnaire, with the permission of the State Board of Education, to all schools in Finland. This form was drawn up by the League's Committee of Psychiatrics. The material collected gave the name, age and place of residence of all problem children in Finland, judged as such from the standpoint of the teachers.

The number of problem children was: 7.120 mentally defective and 3,489 associal children. The League now found itself confronted by a grave problem. All these children had to receive aid and support. They are still unaided.

However, in order to display the best method of helping these children, the League has done some interesting demonstration work. For its mental hygiene work the League has engaged since 1926 a psychiat-

rist and a psychiatric social worker, who are the only ones in the country to adopt the ideas and methods of psychiatric social work in combating delinquency, bad behaviour, disorders and mental illness among children. Teachers, policemen, parents and others have referred "difficult children" of various types to the psychiatric social worker of the League: truants, thieves, liars, sex problem children and other delinquents; backward, hysterical and "nervous" children, etc. Each child is carefully studied. They undergo an examination by the psychiatrist. The psychiatric social worker investigates the home life, school and recreations of each child. The cause of the difficulty is thus sought for, be it (1) physical handicaps. (2) mental backwardness or mental illness, or (3) environmental factors. On the basis of all facts collected, the psychiatrist and the psychiatric social worker form a plan of treatment. The treatment varies according to the requirements and possibilities of each case, e.g., club work for energetic, lonely children; the placing of backward or defective children in special classes or special schools; giving advice to parents and trying to change their wrong attitude towards the child and its difficulties; endocrine or other physical treatment if the cause of the problem is a physical one; removing the child from its home to childrens' homes or to private ones. As a general rule the child is kept at home whenever possible, and is treated there in close co-operation with the parents and teachers. These are the rough outlines of the *methods* of the psychiatric social work, with its two underlying main ideas: (1)Each difficult child has to be taken individually with its heredity and environment. (2) In all problems and delinquencies the cause and effect upon which treatment is to be based have to be sought for in order to make it effective. The *aim* of this work is, in short: (1) to combat juvenile delinquency and (2) to do preventive work to ensure the mental health of childhood in the widest sense of the word.

The demonstration work has been most satisfactory, and the League now wishes to carry out its plans not only in one place but where ever this work is needed. It is impossible to employ special educational mental hygiene workers where there are only a few problem children, but in this sphere the League can seek aid from the hundreds of public health nurses who, trained by the League, work in different parts of our country, Finland—this strange land with its thousand lakes and its deep forests.

The nurse is daily and hourly dealing with personalities. The most successful nurse doubtless is not the one who is merely skilful in the usual technique but who in addition understands people and their psychology. In all of her work she is constantly required to take personalities into account . . . she should know enough about mental hygiene to be aware of what she does not know, and to be able to recognise when a case requires the services of an expert psychiatrist.

STANLEY P. DAVIES.

Occupational Therapy

By RITA S. GILLEY, Occupational Therapy Technician, Essondale Mental Hospital, Essondale, B.C.

Occupational therapy is any activity, mental or physical, definitely prescribed and guided for the purpose of hastening recovery from a disease or injury. Any occupation becomes therapeutic in its value when it is selected to establish better mental and motor control.

These activities may be mechanical, intellectual or a combination of both, such as: ploughing a field, winding wool, baseball or studying a foreign language, but they must be prescribed and guided.

We may recall in ancient history that Egyptians played to their sick folk to keep their minds off their illness. The word "therapy" comes to us from the Greek, meaning healing process or treatment. Since 200 B.C., the history of the development of occupational therapy for mental and nervous disorders discloses interesting facts. In a recent lecture, Dr. Bradford Pearce of the York Retreat, England, made two statements which are recognised as two underlying principles of occupational therapy: one, "All able-bodied patients not employed are regarded as failures from a nursing point of view," and the other was. "No chronic case is to be regarded as hopeless and some degree of improvement is always possible."

Occupational therapy should always be under the direction of a doctor but it is the most important part of a technician's training to arouse the patient's interest and maintain it to a satisfactory end. At the same time, the technician must not forget that the patient is a human being. The average person, if he has heard of occupational therapy at all, knows it as applicable to mental cases and one can imagine the horror with which he hears the doctor prescribe occupational therapy. The work should be explained so that the patient understands its scope and privileges and realises it is not something applied with a hypodermic needle. The occupational therapist needs the interest and co-operation of nurses for the success of her work. The attitude of the patient and ward attendants towards occupational therapy and its operation on the service often depends entirely on the nurse in charge. The doctor, nurse and therapist are all working for one end—the improvement of the patient.

Hospitals may be classified for applying occupational therapy:

1. For nervous and mental disorders.
2. For general and orthopedic cases.
3. Tuberculosis sanatoria.

1. The first classification lends itself to the greatest variety of interests. The length of hospitalisation is often long and projects covering a long period can be given.

2. For the second, in general and orthopedic, the activities are often for shorter periods. In treatment for such cases, an analysis of a craft creates many graded activities for the strengthening and readjustment of functional disorders.

3. For treatment in tuberculosis sanatoria, patients are usually in three groups:

(a) Infirmary—where disease is in acute form and patient is bedfast.

(b) Semi-ambulant — those on light exercises.

(c) Ambulant — those on full exercise.

Those in the first group have very simple diversional tasks but, as the patient's strength increases, regular periods of work of graduated difficulty are prescribed. During the ambulant stage the work of the pa-

(Read at the annual meeting, 1931, Graduate Nurses Association of British Columbia.)

tient can often be linked with the work he will undertake after discharge, i.e., the occupational therapy work may be of a pre-industrial type.

It cannot be too greatly emphasized that all work, especially for tuberculosis patients, must be under the orders of the physician-in-charge.

The standard of work expected from any patient is kept worthy of entirely normal persons, because the fulfilment of a useful task requires healthy co-operation of mind and body, yet inferior workmanship or employment which would be trivial for the healthy may be regarded as the greatest benefit to the ill or injured. Especially is this true of mentally ill persons.

When Mrs. M. first came to the workroom, she was confused, antisocial and very untidy about her person. She wished to sew and her first efforts were very poor. With encouragement, her sewing improved and one day she was discovered before the mirror trying to improve her general appearance. She asked if she might have a shampoo and hair-cut. She asked that she learn to make her own clothes so she could sew for her children and since then has achieved real success in dressmaking.

Mrs. C. was a patient who was noisy, confused and very disturbed. She recovered sufficiently to go home, greatly due to the interest she took in basketry. She has written for assistance in locating materials so that she can teach her children. The fact that she wants to teach her children is gratifying and significant because the creation of a hobby, the learning of a craft, the development of one's natural gifts, the acquiring of others in childhood and the direction of these so that they may become an integral part of his recreation in adult life, constitute one of the most desirable ends in occupational therapy as applied in mental hygiene.

Hospital Aid News

One of the features of the American Hospital Association at Toronto, September 28 to October 2, will be a paper on the activities of hospital aids or auxiliaries. Mrs. Margaret Rhynas, President of the Association of Hospital Aids of the province of Ontario, will present this paper. The Ontario United Hospital Aids Association will meet during convention week with a programme of interest to all officers and members of ladies' auxiliaries. Mrs. Rhynas cordially invites representatives of ladies' auxiliaries or hospitals to attend and to discuss their own activities and subjects of interest to hospital auxiliaries generally. An interesting programme will be arranged, and the reduced convention rates will be available. For details concerning the meeting of the hospital auxiliaries address Mrs. Margaret Rhynas, 52 Locust Street, Burlington, Ont.

The Use of Banana as a Food for Young Children

By JESSIE BOYD SCRIVER, M.D., and S. G. ROSS, M.D.*

During the past few years the banana as an article of food in the dietary of young children has risen from a place of ill repute to one of considerable value. This is probably due to several factors. Bananas have been used in the tropics for generations in children's diets, but in America there was for a long time a fear of disastrous consequences following the use of the fruit by the young child. This no doubt was due to a lack of appreciation of the degree of ripeness necessary for the proper digestion of the fruit, and also to a hesitation to add at an early stage varied articles of diet to the limited infant feedings of twenty years ago.

The value of the banana in the diet of the sick patient was suggested by Chase and Rose, who called attention to its combination of a high carbohydrate caloric content with a very low protein content. They found it most useful in the diets of nephritics who showed nitrogen retention, where a palatable diet, adequate in calories but low in protein, was desired. The use of the banana in the treatment of cœliac disease or chronic intestinal indigestion was first described by Haas in 1924. In this condition where there is a carbohydrate intolerance of varying degree, the ease with which the carbohydrate of ripe banana is tolerated and assimilated is at times spectacular, resulting in a marked improvement in digestion and weight curves.

Ten years ago Sugiura and Benedict showed by extensive experiments on albino rats that, whereas banana alone was deficient in protein and also probably in a growth-promoting vitamine, a combination of bananas and milk in proper proportions constituted a complete food. Recently several reports have been presented by von Meysenbug, Thursfield, and Johnston on the use of ripe banana pulp in the formulæ and diets of infants and young children as a means of providing added carbohydrate in an easily assimilable form. These reports have shown that the food was well tolerated, the patients gained weight satisfactorily, and Thursfield attributed definite improvement in the condition of several athreptic infants to the use of the banana. Vipond has made some observations on the use of banana flour as a food for healthy and sick infants.

Many analyses have been made of the edible portion of the ripe banana pulp and a summary of these analyses gives us the following average figures:

COMPOSITION OF THE BANANA

Water	75.	per cent.
Carbohydrate	22.	" "
Sugars	19.8	" "
Fat	0.6	" "
Protein (N x 6.25)	1.3	" "
Cellulose	0.8	" "
Ash	0.8	" "
Calcium	0.009	" "
Magnesium	0.028	" "
Potassium	0.401	" "
Sodium	0.034	" "
Phosphorus	0.031	" "
Chlorine	0.125	" "
Sulphur	0.010	" "
Iron	0.0006	" "

Depending on the stage and manner of ripening, the sugars consist of sucrose, 2 to 14 per cent., and the remainder invert sugar. The accessory food factors have been investigated and it has been established that in Vitamine-A value the banana is equal to vegetables fairly rich in this vitamine—for example, green peas. In vitamine B it has been found to be the equivalent, weight for weight, of tomato juice. In vitamine C, the anti-scorbutic vitamine, the banana compares favourably with oranges and tomatoes, as has been shown by Johnston (quoted by Eddy and Kellogg) who presents clinical

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and x-ray evidence of the cure of scurvy in an infant by the use of boiled milk and fresh ripe banana pulp. The banana is deficient in the anti-rachitic vitamine and little is known of its vitamine E content.

The observations presented in this report are part of a study conducted from January to December, 1927, on the value of banana as a food for infants up to two years of age, one phase only of the subject being considered, i.e., use as a food for healthy infants over a long period of time. The work was carried out at the Montreal Baby and Foundling Hospital.

The bananas were carefully selected and used only when ripened. The fruit was kept at room temperature, not in a refrigerator room, and was considered ready for use when brown spots appeared on the skin and there was complete absence of any green colour on the skin, even at the tip. Ripened in this way and to this degree, the starch of the banana is practically all converted into sugar.

In the case of infants of three to six months the banana was mashed finely, beaten, and incorporated as an emulsion in the milk formula. In the diets of the older infants where banana replaced cereal or potato it was mashed up finely and fed as such.

A list of the diets fed to the infants of the four groups is given, and it will be noted that in Group IV. B., it was necessary at times to give as much as five and a half ounces of banana daily in order to give the equivalent of the cereal and potato used in the control group. This amounts to between two and three bananas daily, depending upon their size. When infants of Group I. B. advanced to Group II. B., they continued to receive half of the added sugar of the milk feeding in the form of banana pulp as well as the banana replacing the cereal. During the latter half of the year 1927 a similar replacement of banana for sugar was made for all infants of Group II. B.

DIET I

Three Months—Six Months

A. Control:
Milk—1¾ ounces per lb. per day.
Sugar—1/10 ounces per lb. per day.
Water—¾ ounces per lb. per day.
Orange juice—1 ounce daily.
Cod liver oil—¼ ounce daily.

B. Banana:
Substitute banana for one-half of added sugar in control diet.

DIET II

Six Months—Twelve Months

A. Control:
Milk—1¾ ounces per lb. per day.
Sugar—1/10 ounces per lb. per day.
Water—¾ ounces per lb. per day.
Cereal—2-4 ounces per day.
Soup—4 ounces per day.
Orange juice—1 ounce daily.
Cod liver oil—¼ ounce daily.
Nine to twelve months:
Green vegetables—2 tablespoonfuls.
Toast—1 ounce.

B. Banana:
1. Substitute banana for cereal.
2. Substitute banana for cereal and one-half of added sugar in control diet.

DIET III

Twelve Months—Eighteen Months

A. Control:
Milk—30 ounces.
Cereal—4-5 ounces.
Soup—4 ounces.
Potato—1 ounce (Wt.).
Vegetable—2 tablespoonfuls.
½ egg or ½ slice bacon.
Toast—2 ounces.
Butter—¼ ounce.
Pudding—3 tablespoonfuls.
Cod liver oil—¼ ounce daily.
Tomato juice—2 ounces daily.

B. Banana:
Substitute banana for cereal and potato.

DIET IV

Eighteen Months—Twenty-four Months

A. Control:
Milk—20 ounces.
Cereal—6-8 ounces.
Soup—4 ounces.
Potato—1½ ounces (Wt.).
Vegetable—2 tablespoonfuls.
Beef—1 ounce or 1 egg.
Toast—3 ounces.
Butter—⅝ ounce.
Cooked prunes or apple sauce—1 ounce.
Pudding—3 tablespoonfuls.
Cod liver oil—¼ ounce daily.
Tomato juice—2 ounces daily.

B. Banana:
Substitute banana for cereal and potato.

In most cases the feedings were taken eagerly, although occasionally infants tired of the fruit after a time; however, we did not feel that this was an unfavourable criticism of the banana. It would be unusual if infants fed with banana day after day did not occasionally tire of it.

Observations — Fifty-eight infants were studied in all. They were observed over periods varying from twelve to fifty-two weeks. These were consecutive periods except for one time during the summer when practically all the infants in the hospital had a digestive upset varying in degree from mild to severe. This disorder attacked both groups indiscriminately, but it was felt safer to discontinue the banana feeding in all the infants under one year for a period of two weeks. There was absolutely no evidence that this disorder was due to the feeding of banana.

Appetite—In most cases the banana was taken well. There were several exceptions to this. Infant No. 29, age 5½ months, Group I. B., at first refused the banana feeding in the bottle and vomited most of that taken. After two weeks' rest the banana was given again in very small amounts incorporated in the milk feeding, at first only two drops of banana emulsion being added to each bottle. This was gradually increased and it was found possible to establish quickly a tolerance and relish for the banana feeding in which the full amount of banana was given. Infant No. 40, age 13 months, Group III. B., who was fed on the banana diet for twenty-eight weeks refused banana toward the end of the experiment. It was transferred to a control diet and this was taken slightly better. Infant No. 28, age 19 months, Group IV. A., was started on banana diet but persistently refused banana and any other food fed at the same time. It was therefore changed to the control diet which it took well. Infant No. 55, age 19 months, Group IV. B., grew tired of bananas after seventeen weeks. It was changed to control diet which was well taken. Speaking generally, then, one may say that banana as an article of food is well taken by infants.

Digestion—Apart from Case No. 29 above mentioned, there was no apparent difference in the digestion of the control and of the banana groups. The stools were indistinguishable in the two groups and we have no evidence that, in the amounts which were fed, the banana is either constipating or laxative in its action.

Weight—The control groups tended to show a slightly greater average gain in weight than those on the banana diet. The gain in both groups, however, was satisfactory and we do not think that the difference is of significance. At the end of the experiment it was impossible to make out any difference clinically in the condition of the two groups.

Infection—We were interested to know whether there would be any difference in resistance to infection in the two groups. The majority of the infections were upper respiratory in nature and fortunately, during 1927, were of a mild type. We were unable to note any difference in the susceptibility to infection or clinical course of infections in the two groups.

Summary

1. Ripe banana may be added to the diets of healthy infants from the age of three months onward with safety.

2. It may be used as a substitute for sugar and the other predominantly carbohydrate foods such as potato or cereal.

3. Infants fed on banana as a substitute for the above-mentioned foods take it well, digest it satisfactorily and show no change in the character of the stools. Their gain in weight over a period of weeks is roughly equal to those on the control diet.

4. The ripe banana thus provides a useful substitute for other foods of its class in healthy infants.

(Abridged from The Canadian Medical Association Journal.)

The Cancer Problem

(Concluded)

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Cancer of the Bowel and Stomach

One quarter of all the cancers occur in the stomach and intestines, and of these there are no characteristic symptoms suggestive of the beginning of the disease. About one-third of the cancers in men and one-fifth in women are in the stomach. Most cancers of the stomach occur after fifty years of age, although twenty per cent. are found between the ages of forty and fifty, and ten per cent. under forty. Any symptom or group of symptoms referred to the stomach or intestines may be caused by cancer. Therefore all deviations from normal, especially in patients beyond forty, demand careful investigation. The chief symptoms are slight distress and gaseous indigestion, but loss of appetite, loss of weight, slight anaemia and weakness will occur. Every middle-aged person, especially a male who exhibits any of these symptoms, should be suspected of having an early cancer of the stomach unless it is proven otherwise. Cancer of the colon, or large bowel, is less common than cancer of the stomach. It is a more favourable type for cure. Unfortunately, the symptoms develop late and therefore the early diagnosis is unusual. Any abnormal symptoms referrable to the lower bowel are worthy of notice. Such symptoms as constipation, diarrhoea, distension, colic, and bleeding all demand serious consideration and investigation. Under such conditions a physician should be consulted upon the slightest suspicion of any of these symptoms, and it is the physician's duty so to investigate the patient as to prove or disprove the presence of a cancer. It is so easy to wait till more symptoms develop, but this has been proven a fatal course. Examination must not be postponed if early diagnosis and efficient treatment are to be carried out.

(Delivered at the annual meeting, 1931, Registered Nurses Association of Ontario.)

Cancer of the Breast

Cancer of the breast is one of the most hopeful and curable forms of cancer, when treatment is applied in the earliest stages of the disease. The public seem to know only about the patients who are operated on late and evidently have no knowledge of the numerous cured cases who are operated on while the disease is still confined to the breast. In its early stage the cancer is confined to a small lump in the breast, and operation at this time results in permanent cure in most cases. Within a short period this small lump, if untreated, will extend into the lymph nodes of the armpit. When this has occurred, less than one-third as many can be cured, and if delayed still longer, the cancer cells are likely to extend to the liver, the lungs, and the bones, when cure is impossible. The majority of patients with cancer of the breast are treated many months later than they should be, and this accounts for many bad results. Early treatment requires early diagnosis, and this can be made only when the patient reports immediately after finding the lump. If all patients would report within twenty-four hours of finding something abnormal in their breasts, and all doctors would recognise the importance of this, the death rate from cancer of the breast would be very materially lessened.

Cancer of the breast may announce itself in a variety of ways, but absence of pain is almost universal. The tumour is most common in women after thirty-five, but it may occur earlier, and it also occurs in men. It is usually first detected by the patient's hand coming in contact with a painless lump in or near the breast. Of all definite lumps women find in their breasts, fifty per cent. are cancer, and some of the innocent lumps, if left alone, will become cancer. Every woman over twenty-five years of age with a tumour in her breast

should have it removed. Innocent tumours can be removed by a very slight operation, without deforming the breast.

A discharge, either bloody or watery, from the nipple is sometimes the first sign of cancer of the breast, although a similar discharge may be found in the absence of cancer. Distortion of the nipple, or the sinking into the breast of a previously prominent nipple, may be the first noticeable sign of cancer. Sunken nipples may be present in the absence of cancer. Inequality of the breasts occurs in other conditions than cancer, but when noticed should be promptly investigated, since some cancers of the breast cause it to enlarge, while others cause it to shrink.

There are three great causes of delay which in the past have amounted to about twelve months between the signs of onset and the institution of treatment. These are. first (and the main one), the failure of the patient to report; second, the inability of the physician to diagnose, and he waits and watches until unmistakable signs of cancer of the breast appear, and then it is too late; third, failure of the patient to follow advice. It frequently occurs that after the physician has advised the correct treatment the patient does not accept it but goes to quacks, faith healers, and all sorts of incompetent people. At present when the good physician suspects a cancer he seeks consultation, and then if still unable to decide advises removal of the mass with immediate microscopic examination. The inability of the physician to definitely diagnose these breast tumours must not be construed as ignorance, for by far the safest physician for the patient is the one who demands immediate removal and microscopic examination of every breast tumour. These three delays, amounting to over one year, can be reduced to one week and many lives can be saved, provided the patient will seek a physician within twenty-four hours of discovering some abnormal condition of the breast, and the physician will refer her to a surgeon within the next twenty-four hours. Surgery offers by far the best hope of cure in cancer of the breast.

Dentists have a great responsibility in respect to cancers of the mouth and tongue, which take a toll of 3,500 people every year in the United States. Dentists are frequently the first to see the abnormal conditions and should direct these patients into proper channels for treatment. Cancer of the mouth usually occurs in men between forty and sixty years of age, and about seventy-five per cent. occur in smokers, and in mouths in which evidences of bad dental hygiene and bad teeth or badly fitting dentures are present. Most patients who are negligent of their teeth are also negligent about consulting a doctor and come only when the malignant condition has gone beyond the curable stage. The most common condition in the mouth which predisposes to cancer is leucoplakia, which is a thickening and heaping up of the epithelium due to some chronic irritation. This irritation is commonly the result of smoking. We are now beginning to see leucoplakia in females, and if smoking continues to be a factor among females, we may expect to see an increase in cancer of the mouth among them. Every lesion in the mouth can be felt with the finger, seen with the eye, or photographed by x-ray. As the cause of cancer in the mouth is precipitated by dirty, ragged teeth, ill-fitting plates and tobacco in any form, and as there is always first a non-cancerous lesion which is easily recognised, the dentist should, with rare exceptions, find the disease in the stage when it can be cured by removal of the causes, providing that people report to him for regular periodic examinations.

Treatment

The complete control of cancer rests upon research which must discover a prevention or a cure. The control of cancer in the light of our present knowledge must be based upon evidence that the great majority of

malignant tumours are at first local and in that stage are curable. The change from the normal cell to the abnormal cell is brought about by some form of injury called irritation, usually oft-repeated over a long period of time. The irritation may be of almost any form, either physical or chemical. We must consider cancer as originating in a local group of abnormal cells; for instance, a pigmented mole, or a local group of normal cells which have been changed by some irritation; for example, leucoplakia, wart, or ulcer. These abnormal cells are at first non-cancerous, and as long as non-cancerous are curable, provided they are completely removed and the part restored to normal. For example, the excision of an ulcer—the result of a burn—will eliminate the possibility of cancer on that scar. In certain types of pre-cancerous conditions, such as leucoplakia, if the cause is removed, the part tends to return to normal. Thus if the dirty, irritating teeth are smoothed and cleaned, and tobacco discontinued, usually the white patch disappears.

Some abnormal groups of cells are more sensitive to radiation, that is, x-ray and radium, than the cells in which they are embedded, so that when x-ray or radium are applied the abnormal cells are killed or made to return to normal. Many superficial growths, not yet cancer, are radiosensitive, and heal wonderfully well under x-ray or radium.

Wherever non-cancerous local areas are present on the skin or in the mouth, or any other accessible part, their presence should be recognised long before the cells change into cancer, and it surely is only a matter of education to make cancer of the mouth and cancer of the skin preventible.

If women who have borne children receive proper attention after the birth of their children and submit to periodic examinations, the non-cancerous areas of irritation which result from the damage of childbirth or inflammation should be discovered and treated before cancer has had time to develop. Equally important are the periodic visits to your dentist so that you may be protected against cancer of the mouth.

When the non-cancerous local spot is beneath the skin or deeper, the individual may not be aware of its presence until the cells have become malignant. Thus the seriousness of such deeper swellings is due to delay on the part of the patient, who waits for pain or increasing growth before seeking an examination. The general public has a deep-rooted belief that cancer is always painful. This is absolutely wrong. Cancer is *never* painful in its early stages. Pain is either an indication that the condition is not due to cancer, or if cancer, that it has advanced to a practically incurable stage. When everyone learns to report to a doctor the moment a lump is felt, and when doctors learn to recognise those which should be completely removed with or without treatment by x-ray or radium, the mortality from this type of tumour will be greatly reduced.

Even when the tumour is internal it may give symptoms in its non-cancerous stage which permit its recognition by proper diagnostic means. This is particularly true in the stomach, the colon, and the rectum. The non-cancerous lesion which precedes the cancer may be an ulcer or an innocent tumour like a polyp; all curable by removal or radiation. The moment cells of the non-cancerous area become malignant, then the probability of spread of these cells through the blood or lymph vessels is possible. The period of time of these metastases varies. In those like a pigmented mole it seems to be almost instantaneous with the change of the abnormal cells into the cancer, while in the rodent ulcer type metastases rarely occur.

Successful treatment must completely destroy or remove the disease, and no trace may be permitted to remain. Cancer can be destroyed best by the use of radium, x-ray, or heat

in the form of cautery. It can be removed best by surgery. Many times a combination of these means is necessary. The earlier the diagnosis the less the destruction of tissue necessary to cure. There is no serum, drug, or other remedy for the cure of cancer. Surgery and x-ray and radium singly or combined are the only safe methods of treatment. We must always bear in mind that if the local growth has become cancerous, its complete removal by operation or complete destruction by radiation does not always promise cure. There is no better way of finding early cancer than the periodic health examination, which should be made at least every year and preferably twice a year after the age of thirty-five. Through it many pre-cancerous conditions will be found and should be corrected, or cancer may frequently be discovered in its early and curable stage. When the great mass of people are instructed and will seek periodic examinations and the medical profession will take periodic examinations seriously, then the diagnosis in the early stages may be expected and the appropriate treatment of either prevention or cure may be applied, and then the mortality of cancer will be reduced, but never wiped out, for the reason that some cancers will be inaccessible and can never be recognised until dissemination has occurred. The treatment of widely disseminated growths is unsatisfactory and the results are poor. The percentage of cures of metastases from cancer is small. At present the great hope in treating cancer is in first avoiding dangerous, chronic irritants, occupational or otherwise; second, curing the abnormality of the non-cancerous local growth, which may be done by removal of the cause or removal of the diseased area or by radiation; and third, treating the cancerous stage itself. In this period we can never be certain of cure.

The feature which makes cancer so difficult to cure by surgery once the disease has become well established is the way in which cancer cells wander out one by one invading the surrounding tissues so diffusely that the margin of the growth cannot be defined. The surgeon is expected to remove all the tumour, yet he cannot accurately delimit it. If he cuts too widely he may harm important structure, yet if he does not go far enough cancer cells will be left behind to continue their growth and give rise to a recurrence which frequently cannot by any possibility be removed. Even if the entire local growth can and is removed surgically, it frequently happens that before this time cells have been carried to distant parts through blood or lymph vessels and thus disseminated throughout the body. If this has occurred before operation, what chance of recovery can there be? In spite of the difficulties against which the surgeon must work, he has a brilliant record of cures behind him, and thanks to the early diagnosis in more recent years, this record of cures is increasing, but it can never be as effective as it should until the public, the patient, and the physician all recognise the necessity of early attention to every abnormal condition. When we educate the people to come to the medical profession for a periodic examination or to come for examination the moment they observe anything abnormal, we shall have taken a great step toward the prevention and cure of cancer. Not only must the patients be educated, but physicians must be educated in making proper periodic examinations, in learning to diagnose the non-cancerous from the cancerous lesions, and to apply the appropriate treatment for each. The careful, properly-educated family doctor will make the first examination thorough and will decide which patients he can care for himself and those which should be referred to others.

The nursing profession must play a great part if this plea for periodic examinations and early diagnosis is to be effective. There is no better time to educate the family and friends than when someone is ill and under the care of a trained nurse at home

or in the hospital. Here is the opportunity for the nurse who comes in contact with the patient, the family, and the friends, and it is her privilege and duty to present to them correct information along these lines. Perhaps neither the doctor nor the nurse realises the great opportunity within their grasp of presenting to the public the inestimable value of consulting a doctor while they are well or at least at the moment they are warned of something abnormal.

It is your duty and my duty to do everything possible to prevent cancer, to recognise it in its early stage, to treat it in the most effective way and to care well for the patient with incurable cancer, and finally to do our utmost to learn more about the actual causes and real nature of cancer.

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Fiftieth Anniversary Celebration, 1881—1931

During the second week in June, the School for Nurses, Toronto General Hospital, celebrated its fiftieth anniversary, when many members of the original classes, together with large numbers of all graduates, participated in the various functions arranged for their entertainment. Letters of invitation were sent to over 1,800 graduates of the school.

Miss Mary Agnes Snively, the first superintendent and organiser of the School for Nurses, was a special guest of honour. Miss Robina L. Stewart, who succeeded Miss Snively, was present also.

Plans for the programme of the Jubilee Celebrations were carefully arranged in every detail by Miss Jean Gunn, superintendent of nurses, assisted by a committee of the Alumnae Association under the convenership of Miss Nettie Fidler.

The celebrations opened on June 10th with a garden party in the hospital grounds. The members of the graduating class were special guests at this function. That evening a special meeting of the Alumnae Association was held, when an historical outline of the Alumnae was presented, together with various types of entertainment, followed by a social hour.

On Thursday and Friday mornings, lectures were given in the new class rooms of the West Residence. Subjects presented were: Recent Developments in Medicine, by Dr. H. K. Detweiler; Recent Developments in Obstetrics, by Professor W. B. Hendry; Recent Developments in Surgery, by Professor W. E. Gallie; and Recent Developments in Pediatrics, by Dr. Alan Brown.

During the afternoons, tours of the hospital were made, followed by motor drives. Many special reunions of individual classes in the form of luncheons, dinners and teas were held. A tea in honour of the graduating class was given in the Residence on Thursday afternoon. That evening graduation exercises took place in Convocation Hall, University of Toronto, when the Honourable Newton Rowell sketched the development of the Hospital and School. Miss Snively presented the pins and diplomas.

The closing event of the celebration was a reunion dinner at the Royal York Hotel, at which the guests of honour were: Miss Snively, Miss Stewart, Miss Gunn, Miss Locke and members of the Graduating Class, 1931.

A history of the school, compiled and published recently, was available to the graduates of the school during the celebration.

Recent Developments of the Department of Health and Public Welfare in Manitoba

One of the developments during the past year under the direction of the Division of Disease Prevention was the programme for prevention of thyroid put on in certain districts of Manitoba, where it was ascertained through medical examination of school children that enlarged thyroid was endemic. Arrangements were made by the co-operation of the Department of Education whereby children in these districts could have preventive treatment as part of the school routine. Four municipalities which showed ten per cent. or more of the school children affected with enlarged thyroid have taken advantage of this preventive programme and it is hoped that the present year will see most of the so-called goitre areas in Manitoba similarly protected.

The matter of trachoma also came in for serious consideration, as the department has realised for some time that there has been a public health problem among a certain racial group in the population in this connection, namely, among the Mennonite population. Up to the present time very little, if any, attention has been paid to this contagious condition. During the past year, however, a determined effort was made to gather some information as to the prevalence of this disease, and also, to institute treatment to mitigate it. Three nurses were employed to make a house to house canvass in the districts settled principally by Mennonites. In all, some 9,338 individuals were examined by the nurses, and of these, 1,017 were classified as trachoma suspects, and 1,304 others shown to have other eye conditions.

In view of the large percentage of this population having diseased eye conditions, it was thought advisable to have these cases, or as many as possible, examined by oculists and a definite diagnosis made, and where trachoma was found, treatment instituted. Therefore, in November, 1930, clinics were started and held at six points, in each instance being of two days' duration, and presided over by qualified oculists. These clinics were held in conjunction with the local practicing physicians and in all cases these physicians were present during the time the clinics were in operation.

Previous to the holding of the clinics all those who showed eye conditions on the survey made by the nurses were notified by letter of the time and place of the clinic which they were to attend. Owing to extremely bad weather and almost impassible roads, however, the attendance was only approximately one-third of those notified.

Of the 791 examined 192, or 24 per cent., were diagnosed definitely as trachoma and 181, or 23 per cent., were diagnosed as trachoma suspects, so altogether, 47 per cent. of those examined need attention or supervision, and if this percentage holds good throughout the total Mennonite population, it can be safely estimated that there are approximately 1,200 cases of eye condition which may be classified as trachoma, or trachoma suspects.

In connection with silicosis, a survey was made during January and March, 1930, of the miners in Manitoba, and a special effort was made to examine all those who worked underground. Clinics were held composed of qualified medical men, an x-ray technician and sanitary inspector. In all 400 men were examined, chest plates taken, and dust counts obtained, in an effort to ascertain the prevalence of silicosis in Manitoba. Certain recommendations were made to the Board of Health as a result of this survey, which were adopted as satisfactory for the establishment of regulations in reference to the health of miners to be put into operation immediately.

Following a start made in 1929, a determined effort was made last year to get as much as possible of rural Manitoba immunised against diphtheria. This met with considerable success and, altogether, approximately 30,000 children between the ages of one and fifteen were immunised by local health officers and practicing physicians in fifty-two additional municipalities. Therefore, there are at the present time sixty-seven municipalities in the province which are almost completely immunised against this disease. It is thought this has had a direct bearing on the diphtheria case and death rates. The more that can be done towards having the children immunised, the less diphtheria there will be and, consequently, the fewer deaths from this disease.

The same method was used last year as in the previous one in carrying out this programme, namely, that of interesting municipal councils in the project, visiting them and explaining the procedure, and having them make arrangements with their health officers to do the work. On a definite decision being made to go on with the programme, the department sent form letters and pamphlets in reference to diphtheria and diphtheria immunisation for distribution to all the parents in the municipality. The actual work was done in the schools, and the health officers were generally instructed to do, not only the school children, but also those of pre-school age who were brought to the schools at the time of the administration of toxoid.

Altogether this has been a very satisfactory piece of health work and it is hoped that this present year will see, at least, as many more children protected.

By reorganisation of the Public Health Nursing Service during the current year it is expected plans will be put in operation so that the whole province will be covered. There will be a definite rearrangement of the type of work done by the nurses—less time will be spent in the schools and more time in the homes; greater emphasis will be placed on the care and well being of infants and pre-school children, with particular attention being paid to the correction of defects in children before they start to school. Each nurse will also be responsible for the visiting of cases of tuberculosis in her area, the checking up on the contacts and the making of arrangements in regard to having such contacts examined at intervals. She will be responsible for the inspection and re-inspection of baby boarding homes in her territory also.

Under the present system of public health nursing in this province only those municipalities which appreciate the benefit of the nursing service, and have the means to employ a nurse, are served. This is rather unfair, as all parts of the province contribute to more than half of the total cost of running the service. If this new scheme goes into effect the province as a whole will contribute the total cost of the service, and all parts of the province will receive the same service.

In addition to the many activities of the Division of Sanitation, such as the inspection of water supplies, sewage disposal plants, construction camps, common dumping grounds, abatement of nuisances, sanitary inspection of Northern Manitoba, etc., it has been thought fit to give serious consideration to the matter of tourist camps, as it is considered, for the protection of the health of tourists, essential that all such camps should be required to meet certain regulations, and obtain a permit from the medical health officer before engaging in such business. Therefore, minimum requirements in this connection have been outlined and in view of the fact that there are no regulations in regard to the licensing of tourist camps, it has been thought desirable to make a list of approved tourist camps, and any of these camps in Manitoba that wish to be included in such an approved list (which will be available to tourists) will have to make application to the Department of Health

and Public Welfare, and if the camp measures up to the standard as set by the minimum requirements, a certificate of approval will be issued.

It has long been felt that restaurants and eating houses in the province were not sufficiently supervised, particularly those outside the cities. As the authority in this matter rests entirely with the municipalities in which such places are situated, it has been impossible to take over the licensing of these establishments. To accomplish this to some degree the following plan has been worked out and is now in operation.

The Tourist and Convention Bureau has asked for an approved list of eating establishments throughout the province, and all such places have been circularised and advised that if an application is submitted to the department their establishment will be inspected and in the event of it measuring up to the standard required a certificate of approval will be issued. As such certificates are issued the names of the establishments are added to the list, which is at the disposal of the Tourist and Convention Bureau for the information of tourists.

It is anticipated in this way to accomplish, in some measure, what should be done by inspection and licensing of such establishments.

[Note: In May, 1931, a member of the Public Health Nursing staff in Manitoba commenced house to house follow-up work in connection with Trachoma. Although this nurse is not a Mennonite she was brought up among them and speaks their language.—Editor.]

A New Baby at the Frontiers

By MARGARET J. MUSTARD, Gypsumville, Man.

At eleven o'clock one morning the mail carrier from Lake St. Martins Reserve came for me with a cutter and team to go as soon as I could be ready to a Norwegian woman who was needing me. It was to be a drive of thirty-two miles and the thermometer said forty below zero. I hurriedly ate a snatch of dinner, packed my bag, put on the warmest clothes I had and was off.

It was a beautiful day and we drove eighteen miles without mishap, reaching by that time the mail carrier's home. We went into the house to get warmed and drink a cup of coffee while the men changed teams. Then we set out again. When we had gone four miles more, we were met by two men with a team and sleigh to take me over the roughest road I have ever seen, so I left the cozy cutter with its footwarmer and took to the open sleigh. We had gone only about a mile when we reached a granite embankment, going down which the horses got frightened and ran away. The driver and I had been comfortably seated on a board and a man behind holding a large box to our backs for a back rest. The first thing I knew, the driver was pulled down into the front of the sleigh box and the man at back of me was gone, box and all, while I clung valiantly to the seat. It was all over in a few seconds, I suppose; the driver did not lose control of his team and we were soon all right-side up again. We were then driving through what is known as the "big bog," four hundred acres of bog land, only passable in winter time, and even then hardly pleasurably passable. We bumped in and out of the big holes and over tremendous stones for eight miles, when we came to the river, not yet frozen solid enough to drive a team on; so the last mile of my journey must needs be made on foot over the sheer ice of the river.

Thus I came at last, after five hours' journey, to the little Norwegian home where a woman lay patiently waiting for medical care. I was able to help her bring a beautiful baby boy into the world, so my long trip was well worth the effort, and the young mother and father were so confident that all would be well when I was there. I stayed all night with them and started out on my journey home next morning before daylight, as I had to catch the mail carrier on his next trip. It was forty-four below when I set out to walk the ice again at what is supposed the coldest hour, just before the dawn. I was pretty cold when I again reached the mail carrier's home, but from there on I thoroughly enjoyed the morning drive, reaching home at noon the next day.

The only way to reach that home in summer-time is by horseback, so we were all fortunate that the new baby came in the winter-time.

(The Missionary Monthly, May, 1930.)

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss ANNIE LAWRIE, Royal Alexandra Hospital, Edmonton, Alta.

A Vexatious Question

By HELEN M. KING, Vancouver, B.C.

Recently the education necessary to equip a young woman for her professional career as a nurse has become a vexed question. In speaking of education, one has to consider what qualifications are demanded of a young woman entering a school of nursing, and what must be added during her education in the school.

Today the nursing world is overcrowded, and more graduates are emerging from schools of nursing than are in demand. The good hospitals experience little difficulty in procuring large classes of probationers for training, although a large percentage have to fall out during the first year through unsuitability, lack of physical strength, or inability to cope with the studies. It seems then, the schools of nursing are in a position to choose most meticulously among the many who apply, limiting and sifting the profession to those best qualified. If we could make the profession appeal to the refined and well-educated young woman (usually refinement and education go hand in hand, education not necessarily being book learning only) and at the same time have a certain element of competition by means of a searching, and fairly difficult, entrance examination on a wide circle of general knowledge, the status of nursing would be lifted to a higher plane in the eyes of the public. If there is any work in the world which should demand young women of character, good breeding and intelligence, it is nursing; for a nurse holds a position of trust, responsibility and command. What is more jarring to a sick person than the services of a nurse who is unpleasing in conversation and ways, lacks tact and refinement, and is ignorant and boring? The three years' training should be regarded in the same light as a university career, the same degree of scholarship required, and developed further in both; the graduate of each institution accepted as equals. Undoubtedly there are many girls who unfortunately are unable to gain a good education at school, yet would make very capable nurses. If such an applicant is truly determined and interested, she will persist until she does acquire the necessary standing.

From the point of view of the school of nursing, much time, effort and patience on the part of the instructor would be conserved if the probationers could assimilate new subjects quickly, could take good notes from lectures, and had no need of being taught elementary arithmetic, physics and chemistry before taking such subjects as drugs and solutions, and materia medica. It is quite common for an instructor to labour painfully through note books, correcting English, spelling and general construction of notes before she can give attention

to the subject in hand, with its deficiencies and misconceptions.

Finally, too, in examinations, a doctor has to read through papers badly written, questions poorly handled, subjects inadequately explained, until in a state of dire mental irritation he decides the candidate knows nothing. She may know her work quite well, but has no idea how to answer an examination paper. The co-efficient of efficiency is low on account of repeated failures at examinations which could have been prevented by the initial entrance test.

The next question arises: Is it necessary for a nurse to study so many subjects? Francis Bacon said, "A little knowledge is a dangerous thing." This is especially true in the nursing world, where lives are concerned, and mistakes through ignorance unforgiveable. For a nurse to work intelligently, to have initiative, and a sense of the seriousness and responsibility of her work, she must have a thorough grasp of all subjects bearing on the healing of the human body. One subject dovetails into another, so the curriculum is necessarily far spreading. She must understand the reasons for doing things and not work blindly behind a doctor by the rule of thumb. Again, a doctor may not always be available at a moment's notice, and the public look to a graduate nurse to be able to act in the meantime with confidence. Practical experience is invaluable of course, but experience should have as a foundation, a sound theoretical knowledge.

Isn't it rather a mistake that a nurse should expend so much energy on what might be termed the "spade" work in a ward? Why should a student nurse come to the bedside of a sick person, enervated and jaded by the carrying of trays at mealtimes, cleaning and scrubbing in bathrooms, dusting and polishing in the wards? Cleaning is certainly a part of a nurse's training, but this could be taught in the classroom, and handled adequately on the wards by ward maids, where the responsibility of conserving a high standard of cleanliness would still lie with the nurse. The nurse could then concentrate all her energy and attention on the needs of the patients, bringing to the bedside, vitality and good temper, undiminished by over-physical exertion. Why should a nurse in training perform a physical endurance test which would reduce a strong man almost to tears? With more time given to the actual care of patients, more energy left for studies, we could produce graduate nurses who are a credit to their uniform and school of nursing.

SCHOLARSHIP AWARDED

At a recent meeting of the Committee of the Flora Madeline Shaw Memorial Fund to consider the awarding of the Year's Scholarship, the members present found it rather difficult to make a choice from the number of desirable applications submitted. Finally it was decided to award the scholarship ($500.00) to the applicant possessing the highest educational qualifications as there was much similarity upon other points; the scholarship went to Miss Flora Gladys MacKeen, Reg.N., graduate of the Royal Victoria Hospital, Montreal. Miss MacKeen will take the Course in Public Health Nursing at the School for Graduate Nurses, McGill University, Montreal, 1931-1932.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss CLARA BROWN, 23 Kendal Ave., Toronto, Ont.

Cod Liver Oil, Sunshine and Viosterol

By Dr. HAROLD LITTLE, London, Ontario

Much has been written and said of the value of cod liver oil and of sunshine in the prevention and curing of certain disorders. But we knew little of the manner in which this was accomplished until the work of Steenbock, Hess and Windaus during the past few years and it has only been in the last four years that we have heard of viosterol, which is irradiated ergosterol, and of irradiated foods.

There appears to be a great deal of confusion as to what viosterol is. Many in our own profession seem to think it is a concentrated cod liver oil but it is not. Nor is it made from cod liver oil. It is obtained from yeast and it is also present in two other fungi to quite a degree, viz., mushroom and ergot. There is but a limited amount of viosterol in cod liver oil. Viosterol has not all the properties of cod liver oil. It has in fact only one, that is vitamine D, the anti-rachitic vitamine. Cod liver oil contains other vitamines of definite therapeutic value, one of the most important of which is vitamine A, the anti-infective vitamine. Therefore, viosterol does not take the place of cod liver oil in many of the conditions for which we prescribe it.

(*Synopsis of an address given at the annual meeting of District No. 1 Ontario Nurses Association, London, January, 1931.)

For well over a hundred years we have given cod liver oil to infants and children. The fishermen from the east coast of England, when fishing off the Norwegian coast, noticed many years ago that the Norwegian children appeared so robust and healthy and upon enquiring of the Norse fisherfolk were informed that cod liver oil was fed to them each day. The English fishermen brought back with them to England raw Norwegian cod liver oil and gave it to their children, and as they noticed the good effects its use became widespread throughout the British Isles and then to this continent.

We have known for many years that cod liver oil contained a substance we call a vitamine, the anti-rachitic vitamine which assisted in retaining calcium and phosphorus in those tissues requiring them; thus preventing rickets, tetany and dental caries. It has only been since 1927 that we have known that the activated ergosterol present in cod liver oil was the vitamine which accomplished the above. This discovery was given to the medical world through the work of Steenbock, Hess and Windaus, who also discovered that ergosterol was present in slight amounts in many forms of plant and animal life. Even our blood stream contains a small amount of ergosterol,

which, when we expose our skin surface to the sunshine or to the ultra-violet rays of an artificial source, becomes activated and then has the ability to hold back the calcium and phosphorus in those tissues requiring them.

We have known for many years that exposure to sunshine prevented and also cured rickets. We knew it was the short rays (between 313 and 290 millimicrons), the ultra-violet rays, which had this therapeutic value. But we did not know until the work of Steenbock, Hess and Windaus just how these rays succeeded in assisting the tissues of the body in retaining the calcium and phosphorus. We now know that there is present in our blood, and also in other tissues of the body, ergosterol, which when our body surface is exposed to ultra-violet rays either from the sun or from an artificial source, viz., the quartz lamp, becomes activated and this activated ergosterol is vitamine D, the anti-rachitic vitamine.

During the months of November, December, January and February we have very little sunshine, and that which we have is lacking to a great extent in the ultra-violet rays. This is accounted for in the difference in the altitude of the sun to the earth. There is a marked increase in these short rays in the months of March, April and May. The special glasses: vita-glass, viro-glass, etc., would not be of much value during these months, but would be of value during the months of March and April as the weather at this time is usually such as not to permit of exposing the body, and the sunshine as stated above has a marked increase in the ultra-violet rays. However, it has been definitely proved that only about 25 to 50 per cent. of the short rays come through these special glasses and as the glass gets older the amount that penetrates gradually becomes less.

Viosterol is irradiated ergosterol. Ergosterol, which we believe to be present in very small amounts in so many forms of plant and animal life and in fairly large amounts in fungi such as yeast, mushroom and ergot, is a crystalline substance. This is measured and then dissolved in a vegetable oil and then activated by exposure to the rays of the ultra-violet lamp. This substance is now the anti-rachitic vitamine and plays a very important part in calcium and phosphorus metabolism. It has been proved that the anti-rachitic property can be developed in a great variety of edible foods, grains, fats, meats, and milk by exposing them or that part of the food containing the ergosterol to the rays of the ultra-violet lamp, thus activating the ergosterol present in the food.

INSTITUTE ON MATERNAL CARE

The Victorian Order of Nurses for Canada is prepared to consider requests regarding the possibility of putting on a two days' Institute on Maternal Care in any section of Canada. Such an institute may be sponsored by a provincial university, department or nursing association, a local health department or graduate nurses' association. Not less than fifteen or more than forty may be enrolled in one class. The National Office of the Victorian Order, 321 Jackson Building, Ottawa, will be pleased to give any additional information required.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section.
MARY F. CAMPBELL, 344 Gottingen Street, Halifax, N.S.

Health Teaching in the Nova Scotia Normal College

By HILDA MacDONALD, Halifax, N.S.

"Health is the quality of life that renders the individual fit to live most and to serve best."

The Student Health Programme as at present organised has been in operation in the Nova Scotia Normal College since the fall term of 1925. It came into being through the active interest and co-operation of the Red Cross Society, provincial and national, with the Nova Scotia Board of Education: a notable instance of valuable work done by a voluntary organisation in giving assistance to a demonstration, which when proved to be practicable, was in due course taken over entirely by the government under the Board of Education, and made a permanent feature of the Normal College programme.

The experimental stage of this type of training had been well worked out in the province of Saskatchewan, where it was first introduced into Canada about the year 1918, and has ever since been carried on with very satisfactory results and ever enlarging scope. The work in Nova Scotia has followed very much the same lines—adaptations being made when necessary to meet our particular needs.

It has been generally conceded by health workers the world over that the teacher in the elementary and secondary schools holds the magic key to the health situation. Her position is strategic, and to her is given that golden opportunity of helping to spread abroad the gospel of healthful behaviour — physical, mental, emotional and social.

The chief problem which confronts the health educator is how to gain the enthusiastic support and assistance of this great body of workers in the field of education. They can, of course, be required by law to teach hard, cold facts relating to body activities and healthful behaviour, but something more than that is essential for the success of the work. Unless the teacher herself has developed an enthusiasm for health, an enthusiasm which she cannot help passing on to her pupils, the subject will remain cold and dead as "Hygiene" on the course of study has been these many years, and it too will as surely fail to function in the lives of the children. Of no other subject can it be more truly said that "Faith without work is dead."

It would seem, then, that the first and most important step to take in connection with the health training of the student-teacher is to try to awaken within her an active "health conscience," if we may use that term; and to this end our best efforts are directed. Probably the health inspection and the personal discussion of each individual's health problems is one of the most potent factors in developing this desired health consciousness. With the great majority of the students this is the first

occasion that anything of this sort has come into their lives. If they are to become really interested in the health of the boys and girls placed under their care, they must first of all become vitally interested in their own well-being, and strive to attain to a high standard of health. The inestimable value of a good example in health, as well as in other phases of conduct, is kept ever before them.

During the period in which this work has been carried on in Nova Scotia, over 3,000 students attending the winter and summer sessions of the college have received this health inspection, and the results have been wonderfully satisfactory. It is impossible to become possessed of complete figures dealing with the correction of all defects discovered, because of the fact that many of those examined were only with us for the four weeks of the summer session and follow-up work with these students could not be carried out. But quoting from our records of those who remain at the college for the full term, we find that over 90 per cent. receive corrective treatment while here and the small percentage of defects uncorrected is due, not to indifference, but to the financial problem oftentimes involved. In the case of these students, treatment is usually sought as soon as circumstances will permit.

It is a well known fact that the majority of the student-teachers arrive at the training school with a very limited store of health knowledge. It becomes, therefore, necessary to supply this lack by giving instruction in all health subjects sufficient to enable them to go out and act as intelligent guides in health, not only directly in their schoolrooms but, when need be, in the community.

The child health programme as it applies to the school may be divided into these four major activities; namely:

1. The control of communicable diseases.
2. The detection and correction of defects.
3. The supervision of school hygiene.
4. Instruction in health leading to the formation of health habits.

In order that she may be properly equipped to deal with such a situation, the student-teacher's instruction must, perforce, cover quite a large field, including the rudiments of anatomy and physiology, mental hygiene, communicable diseases, the health of the child, physical activities, school hygiene, first aid, the methods of teaching health. The course covers the full term of the student's attendance and includes two lecture periods a week, as well as private consultations with individual students from time to time.

We use as our motto throughout the year's work that excellent definition of health given by Dr. Jesse Feiring Williams, Professor of Physical Education, Teachers' College, Columbia University, in his splendid book, "Personal Hygiene Applied." It has been quoted at the beginning of this article, but is worth repeating here: *"Health is the quality of life that renders the individual fit to live most and to serve best."* If they carry with them to their schools this high ideal of service (and many of them do), we can rest assured that the health of the future citizens of Nova Scotia is splendidly safeguarded by a faithful and devoted band of teachers.

(Reprinted from The Nova Scotia Medical Bulletin, June, 1931.)

The Duties of a Public Health Councillor

By DOROTHY M. PERCY, Ottawa, Ont.

The duties of a Public Health Councillor. What are they? Has she any, other than the preparation and reading of a report at the annual meeting of the Registered Nurses Association of Ontario? Is she more or less a figurehead, a necessary appointee from her district to round out the traditional threefold programme devoted to the interests of nursing education, private duty and public health? Surely, we say, she is responsible for more than this if she is really doing her job. But what *is* her job?

Perhaps it might be of help in this connection to conjure up for ourselves a picture of "The Ideal Councillor." Let us suppose for a moment or two that we have one in one of our districts. We might observe her for a little—analyse her, perhaps.

First of all, the ideal councillor is a *leader*. She not only is interested in Public Health development herself, but she also knows how to interest others. She knows, too, how to make developments take place in her district. She has a plan for her district. She has vision. She knows the potentialities of the public health workers in her district, and she assumes the initiative in the development of these potentialities.

Secondly, the ideal councillor is an *interpreter;* in this instance, an interpreter of values. By reason of her position she should be ever on the lookout not only for new ideas, trends and "angles" in public health work, but also for opportunities to interpret to the nurses engaged in public health work in her district, fresh, and perhaps unsuspected values, in their own work.

This ideal councillor should be able to interpret to her group the needs and problems of any one section of the group. She should see to it that in any group activity all branches of public health work being carried on in the district have adequate emphasis. Moreover, she must interpret to her own public health group the needs of the district organisation. She should be able to stimulate members of the public health group to accept responsibility for district programmes. (This of course is easier in districts where public health workers are organised in a group of their own, and the foregoing refers especially to them.)

Thirdly, our ideal councillor is something of a *liaison officer*. She it is who represents her group at the district executive meetings. She is also the liaison officer between her group and the other groups, nursing education and private duty. A certain responsibility is hers to promote friendly co-operation between the various groups and to strengthen district unity.

As Public Health Councillor it would seem too, that her duties as liaison officer might include the meeting and welcoming of the new public health worker coming to the district, and the introducing of her to other workers in the district.

Leader, interpreter, liaison officer, these would appear to be attributes of the successful public health councillor. Doubtless there are many more, and as a matter of fact these three are largely interchangeable in meaning and interpretation. And how are these attributes translated into practical action? How can the *average* councillor, who is by no means the *ideal* councillor, find out from a contemplation of them of what her "job" consists.

It does not seem feasible to be too dogmatic in this respect. Districts vary so greatly. In some, the public

health workers are organised and are working out their own salvation very nicely. In others, the councillor is the only individual keenly interested in the problems and development encountered in the public health field. But whether the councillor is playing a lone hand or whether she is merely the guide, counsellor and friend of an active sub-organisation within the district, one or two things stand out as her "skeleton" duties. Whether or not she does more than these depends on the sort of district she has and on the sort of person she is:

(1) Stimulation in every way possible of interest in public health, not only on the part of health workers in the district, but of the district membership generally.

(2) Using her influence to see that some phase of public health is included in every district programme.

(3) Preparation of interesting reports at each district meeting.

(4) Preparation of an annual report to be read at the annual meeting of the Registered Nurses Association of Ontario.

Note.—The Registered Nurses Association of Ontario has nine district associations, in each of which there is on the Executive Committee a councillor for each of the three sections, who is also a member of the executive of her provincial section. This paper was read at the annual meeting of the Public Health Section of the R.N.A.O. at Kitchener, April 10th, 1931.

Each generation must undergo educational and spiritual baptism in its own tongue, but the language of human needs remains the same. It cries out for individual independence, but an independence which must ever function in accord with the welfare of the group. Nurse and doctor are members of professions in which they elect to follow ideals of service that demand a maximum amount of self-training to achieve balance between expressing self and controlling self. We call this training discipline. Without its beneficent influence on our habit life the accumulation of academic knowledge is empty and meaningless.

ESTHER L. RICHARDS, M.D.

Book Reviews

The Home Care of the Infant and Child, by Frederick F. Tisdall, M.B. Publishers J. M. Dent and Sons, Ltd., Toronto, pages 279.

This is an excellent and practical book for mothers, nurses and others requiring guidance in child care. Starting with a brief summary of the signs of pregnancy and pre-natal care, the book covers practically everything of the every-day requirements of normal infants and children. There are fifty-eight clear well chosen illustrations such as the proper method of lifting a young baby, dressing the baby, child play, normal physiques, etc. There are infant feeding formulae for both normal and special cases and a great many recipes for children given in small quantities. The modern interpretation of vitamine requirements, sun baths, exercise and clothing are lucidly and adequately covered. Information on disease prevention, i.e., toxoid, vaccination, etc., is given. There are several up-to-date chapters on behaviour problems given in a constructive and helpful manner. The book is concluded with a chapter on toys and the play life of the child, generously illustrated by real photographs which will be of the greatest assistance to inexperienced mothers, fathers and others.

The book contains a wealth of material in a condensed and non-technical style which should not only help the reader but stimulate further interest in the modern and intelligent home care of infants and children.

H. McK.

A REVIEW

A copy of the Handbook of the Trained Nurses' Association of India, 1931, edited by Mrs. E. A. Watts, S.R.N., Honorary Secretary of the Trained Nurses' Association of India, has been received.

The first Handbook was published in 1917, as a supplement of twenty-eight pages to the "Nursing Journal". Since that time the Handbook has been revised and enlarged twice. The present volume contains chapters on: A short history of nursing in India; a history of the Trained Nurses' Association of India, together with the Constitution of the Association and an outline of the affiliated organisations. Other chapters deal with the Registration of Nurses in India; the problems and prospects connected with the training of nurses in that country; the various examining bodies; a directory of hospitals, and a summary of information regarding training schools. Further sections relate to training schools for health visitors, tuberculosis sanatoria, associations allied to nursing, i.e., The Indian Red Cross Society and the National Health Association of Southern India.

Information concerning travelling in India, railway concessions to nurses and holiday resorts is published. In an addenda there are included lists of mental hospitals and of approved institutions under the Madras Nurses' and Midwives' Act, for the training of nurses, midwives and dhais.

This handbook contains photographs of patronesses and officers of the Association. The entire content is the result of a tremendous amount of enquiry and compilation on the part of those who have contributed to the publication of this valuable record of nursing in India.

MATERNAL CARE

A recent publication by the Department of Pensions and National Health, is that on Maternal Care, by Dr. Helen MacMurchy, Chief of the Division of Child Welfare.

This publication of the Little Blue Books Leaflet Series includes a report of the Special Committee on Maternal Welfare of the National Council of Women of Canada, presented at the annual meeting, October, 1930, by Mrs. Plumptre, chairman.

Members of the nursing profession in Canada should study this report as well as advise the public to obtain copies of the booklet which is listed as National Health Publication No. 53, and is issued free on request being made to the Department of Pensions and National Health, Ottawa, Ontario.

BOOKS RECEIVED

Nurses' Handbook of Obstetrics, by Louise Zabriskie, R.N. Second edition. revised. Illustrated. Published by L. B. Lippincott Company, 201 Unity Building, Montreal, Que. Price $3.50.

Correction: In the Journal for June, 1931, on page 313, in the historical outline on First District Nursing in Saint John, N.B., the date should read 1895 instead of 1885.

News Notes

ALBERTA

EDMONTON: Miss Mary E. Conlin is enjoying a holiday in the United States. Miss Hewlitt of the Provincial Health Department gave a course in First Aid and Home Nursing to the girls and boys during the young farm people's week at the University of Alberta.

UNIVERSITY HOSPITAL: Thursday, May 14th. The University Hospital Board and the Council of School of Nursing entertained in honour of the graduating class. The spacious assembly room of the Red Cross hut was gay with spring flowers and quantities of ferns when thirteen nurses received their diplomas at the annual graduation reception. The Premier, the Hon. J. E. Brownlee, presented the class pins and diplomas, and Chief Justice the Hon. Horace Harvey conferred the special awards. Dr. Robert Wallace, President of the University, was chairman, and Miss McPhedran, President of the Alberta Association of Registered Nurses, gave the Florence Nightingale pledge. There were three prizes awarded by the board of governors of the University of Alberta to members of the graduating class. The first, for general proficiency during three years, went to Miss Marjorie Gordon; the second, for highest standing in senior year examinations, was won by Miss Gertrude Strong; and the third, for highest standing in practical work in senior year, was received by Miss Laura Gourlay. Following the presentation of prizes an informal reception was held at which the undergraduate nurses served tea.

GENERAL HOSPITAL: Thirty-two nurses received the seal of their profession from the General Hospital at the hands of His Excellency Archbishop O'Leary on May 27th, at Convocation Hall, University of Alberta. Dr. J. E. Carmichael acted as Chairman. His Honour the Lieutenant-Governor gave a congratulatory address, and His Worship Mayor Douglas presented the class pins. Other speakers who addressed the class were Dean W. A. R. Kerr and Dr. R. B. Wells. Miss Marguerite Armistead, R.N., administered the Florence Nightingale pledge, and Miss Hornby assisted in the distribution of class pins.

MISERICORDIA HOSPITAL: During the month of May, previous to graduation, many social functions were arranged in honour of the graduating class. One was a delightful dinner party followed by cards and dancing, held in the Macdonald Hotel. The hostesses were Miss Martha O'Brien, superintendent of nurses, the graduate staff, and the class of 1932. Miss O'Brien presided at dinner. Sisters of the hospital and staff nurses entertained at a banquet at the hospital, followed by a "Bunco" party. Dinner opened with favours and fortunes. The class flower, a red rose, for each guest, and fortunes were in the form of a miniature nurse's cap, with a characteristic verse of each nurse inside. The Alumnae entertained at a tea in the Hudsonia on May 26th, when each member of the Class became a member of the Alumnae.

Graduation exercises took place May 20th, in the Empire Theatre, when sixteen nurses received their diplomas. Dr. W. C. Redmond, chairman, gave a brief history of the Hospital; His Honour the Lieutenant-Governor, W. L. Walsh, presented the diplomas and pins; Dr. B. R. Mooney addressed the graduating class; and His Worship Mayor Douglas congratulated the nurses on their graduation. Dr. L. C. Conn addressed the winners of the honorary medals, and Dr. W. M. Weinlos presented the medals to Misses Helen Mary Kelly, Agnes Irvin McMillan, Elizabeth T. Standing, Florence Mary Nobert and Annie Hannas. Monsignor W. J. Lyons gave a very beautiful closing address. Following graduation, a reception was held in the nurses' home.

Sister Marie de Lourdes, of the X-Ray Department, is leaving for her retreat in Montreal. Sister Superior of the Misericordia Hospital and Sister Ste. Christine, R.N., are going east to attend the elections of the Mother-General and her assistants. Miss O'Brien, superintendent of nurses, is spending her vacation at Jasper, Alta. Miss Abel is enjoying a holiday with her mother in Peterborough, Ont. Miss Nora Smith is on sick leave.

MEDICINE HAT: The graduation exercises of the 1931 class, Medicine Hat General Hospital, took place on May 5th at the Fifth Avenue United Church. Dr. Wilfred Campbell gave the address to the graduating class. Special prizes were awarded to Miss Lillian Larson for General Proficiency and Obstetrics; Miss E. Edwardson for Practical Work; Miss M. Helliwell for Surgery. Presentation was made by Mayor Bullivant.

The regular meeting of the Graduate Nurses Association was held at the home of Mrs. W. J. Devlin, May 12th. A social hour and refreshments followed the business meeting.

Miss Kate Brighty, Superintendent of Public Health Nurses in Alberta, was a visitor in the city recently.

BRITISH COLUMBIA

The following list gives standing in order of merit of nurses writing the recent examination for the title and certificate of Registered Nurse of British Columbia.

First Class—80% and over: Misses G. M. Ray, Royal Jubilee Hospital, Victoria; D. Dixon, St. Joseph's Hospital, Victoria; E. L. Gilker, Prince Rupert General Hospital (L. P. Christie, Vancouver General Hospital and I. B. Helgeson, Royal Jubilee Hospital, Victoria—equal).

Second Class—65% to 80%: Misses E. P. Donnelly, B. Snowsell, E. I. Chivers, M. M. Cartwright, E. M. Carter, M. J. Webb, G. D. Sibley, L. M. McIntyre (E. F. Coleman and D. I. Campbell—equal), C. Harvey, F. S. McLaren, Sister Mary Albert, V. I. Fletcher, E. Jarvie, O. V. Tanner, E. R. Holland (Sister M. Justinian, V. Worsley and B. McKay—equal), G. E. Gray, J. A. Jamieson, D. R. Gray (H. G. Campbell and M. M. Lacey—equal), (M. O. McLean and M. E. Chaplin—equal), (G. A. Macdonald and D. R. McGillivray—equal), A. E. Parker, F. Collins, M. L. McKenna, I. I. Kennedy, J. F. Gillis, E. M. Brown, F. J. Scott, E. C. Hollis, I. P. Pollock, A. K. Wilson, A. L. Foster, E. E. Steeves, A. J. Richards, N. B. Ryan, H. G. Treloar, (M. M. Miggins, E. Smith—equal), (F. M. James, R. A. Millar—equal), C. M. Phipps, (M. MacPherson and H. H. Hadden—equal), (M. H. Turnbull and E. M. Carr—equal), C. D. McPhee, N. E. Schreiber.

Passed—50% to 65%: Misses (D. E. A. Hicks and M. A. Wilson—equal), C. A. O'Brien, F. C. Cooper, A. I. Frost, A. A. Cameron (E. M. Sheppard and M. Main—equal), B. A. S. Siddall, J. M. Johnston, A. M. Dyke, D. E. Pendry, D. Ross (D. F. Kitchener and M. E. Richards—equal), J. M. Peele (E. F. Fontana and M. M. Thomson—equal), A. I. Rae, E. I. Bulwer, M. B. Sweeten, Mrs. B. Ferguson, Mrs. W. Scrivener, V. E. Lidberg, W. M. Cameron, Y. R. Kelway, N. H. Robinson, I. A. Cousin.

Passed Supplemental: Miss M. S. Wankling.

VANCOUVER: The regular monthly meeting of the Vancouver Graduate Nurses Association was held on June 1st at the Vancouver General Hospital. Routine business occupied the first part of the meeting, and it was decided to set aside the sum of $300 from the general funds, to give employment to graduate nurses needing work, at the regular rates. The speaker of the evening was Dr. Haywood, General Superintendent of the Vancouver General Hospital. His address proved to be most interesting and instructive, and gave a very definite and detailed account of hospital problems, refuting many erroneous ideas held by the public. A hearty vote of thanks was tendered Dr. Haywood at the conclusion of his address. The annual picnic was held in June at Caulfields. This reunion is always greatly enjoyed by the members.

MANITOBA

GENERAL HOSPITAL, WINNIPEG: Miss Ethel Grey, 1916, for the past five years Superintendent of Nurses, Colonial Hospital, Rochester, Minnesota, has been appointed Superintendent of the Kootenay Lake Hospital, Nelson, B.C.

NEW BRUNSWICK

GENERAL PUBLIC HOSPITAL, ST. JOHN: The graduating exercises of the General Public Hospital were held in the Vocational School, May 27th, 1931. There was a class of twenty-four graduating. Miss Ruth Manning won the Crowe Memorial Scholarship of six hundred dollars, which entitles her to a Public Health course at a Canadian University. Miss Manning also led in the Registration examinations for the Province and received the prize for highest standing given by Miss Ella McGaffigan. Dr. Addy's prize, given for highest marks in surgery, was won by Miss Edith Deacon. On account of the illness of Dr. Addy, this was presented by Dr. S. H. McDonald. The Womans' Hospital Aid prize, given for the highest standard in Obstetrics, was won by Miss Isobel Kinsman, and was presented by the President of the Hospital Aid, Mrs. Ralph Robertson. Miss Julia Bishop won the prize given by the Alumnae, which is awarded to the nurse who has had the best influence on her fellow-students both spiritually and morally during her three years training, and is decided by vote of her class-mates. This prize was presented by Mrs. J. H. Vaughan, President of the Alumnae.

Friends of Miss Christine Shand of the Victorian Order of Nurses Staff, Halifax, are pleased to hear that she is convalescing at her home in Saint John after a severe illness; and that Miss Lyla Belding, Anaesthetist, G.P.H., is recovering from an emergency operation.

The sympathy of the Alumnae is extended to Mrs. F. W. Munro (Maude Gaskin) in the loss of her mother, and to Miss Ella Cambridge in the loss of her father.

CHIPMAN MEMORIAL HOSPITAL, ST. STEPHEN: The graduation exercises of the class of 1931 were held in the Assembly Hall of Ganong Memorial School on May 18th. Mr. J. L. Haley, President of Board of Directors presided. Dr. C. W. McMillan addressed the graduates. The diplomas were presented by Mr. James Vroom to the following graduates: Misses Esther Morey, Elizabeth Justason, Ada Knowlton, Natalie Harvey and Geraldine Bridges. Mr. Vroom expressed regret that Miss Justason, owing to illness, was unable to attend the exercises, but stated that he had presented her with her diploma in the afternoon. Miss Brownrigg and Miss Kain received the Richardson prize of fifty dollars, awarded to the two nurses making the highest average in the Intermediate Class. Miss Knowlton won the prize for the highest average in the graduation class. The prize for the highest average in the Junior Class was a tie between three nurses, Misses Green, Bertha Gale and Doris Gale. Miss Brownrigg won the prize for the highest average in the school. Each of the graduates and Miss Moffatt, Superintendent, was presented with a gift from Dr. H. I. Taylor. After the reciting of the Florence Nightingale Pledge, and the singing of the National Anthem, the graduates and their friends were guests of the Board of Directors at a reception and dance. On May 21st, the Alumnae of the Chipman

Memorial Hospital, tendered a banquet to the graduating class. Dinner was served to thirty-six guests in the McColl vestry. Dainty hand-made programmes in yellow and blue formed the place cards. Miss Myrtle Dunbar, President, acted as toastmistress. The following toasts were proposed and responded to. "Our Absent Ones," proposed by Miss Boyd, and responded to by singing "A Long Long Trail"—followed by a silent minute. "The Nursing Staff," proposed by Miss Harvey, responded to by singing an original song, "Pack Up Your Aprons in Your New Kit-Bag." "Our Doctors," proposed by Miss Knowlton, responded to by singing "For They are Jolly Good Fellows." "Advisory Board and Directors" by Miss Grace Mowatt, responded to by singing "It's a Long Way to Graduation." The class prophesy was read by Miss Morey. During the evening Miss Lucretia Estabrooks, who is home from California on a vacation, came in and renewed old acquaintances. Sincerest sympathy is extended to Mrs. Harold Beek in the deaths of Mr. and Mrs. Frank Beek, within five weeks of each other.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in June, 1931, were 1,021. The same as in May, 1931.

Appointments

Hospital for Sick Children, Toronto: Miss Marjorie Lyons, Assistant at the Children's Hospital, Ottawa. Miss Marjorie Francis (September, 1930), has returned from a Post Graduate Course at the Boston Children's Hospital. She is now acting as Instructor on the Infant Ward. Miss Vera Watson, 1926, on the staff, Vancouver General Hospital. Miss Avery Gelling, Assistant Operating Room Supervisor, following a Post-Graduate Course in surgery at the Montreal General Hospital.

General Hospital, Hamilton: Miss Florence McCallum, 1930, charge of Isolation Department.

General Hospital, Brantford: Miss Sarah Livett, as Supervisor of the private wing, and Miss Levina Gillespie, Supervisor of first floor, Main Building, B.G.H.

General Hospital, Galt: Miss B. Baker, 1929, Operating Room Supervisor, G.G.H.

District 2

General Hospital, Brantford: Miss Jessie Arnold (1927), has resigned from the staff of the Norfolk General Gospital. Previous to leaving, Miss Arnold was tendered a dinner by the nursing staff of the Hospital, and presented with a tea wagon and roses. The graduating class, 1931, includes: Misses E. Marshall, V. Buckwell, O. Perry, H. Hastings, R. Ferguson, L. Patterson, V. Keffer, H. Pierce, M. Reid, M. Burtch, E. Ford, G. Buzza, O. Duncan, A. Lambert, M. Roberts, B. Stock, O. Pickell, R. MacBride, B. Lowes, and Mrs. B. Claridge. The intermediate class of the school entertained the graduating class at a dinner and theatre party on Wednesday, May 13th.

National Hospital Day was celebrated at the Brantford General Hospital. One thousand two hundred and fifty visitors registered. The programme included a tour through the hospital, demonstrations of new oxygen tent, the testing of anaesthetics and basal metabolism reading. Exhibits included Mothercraft, Pre-natal, Baby Welfare, Canadian Red Cross, including Junior Red Cross, Department of Agriculture, Pure Food Division, Ottawa, Ontario, Department of Health, Division of Health Education, Toronto, Ontario. Educational moving pictures were shown throughout the afternoon. Health talks were given by members of the medical profession, and talks on hospital management by members of the Board of Governors. Many prominent citizens spoke in high regard of the place of the hospital in the community. The Honourable W. G. Martin, Minister of Public Welfare, addressed the guests. Members of the Alumnae of the School of Nursing acted as guides in conducting visitors through the Hospital.

The Florence Nightingale Club held their regular monthly meeting at the home of Mrs. M. M. MacBride, and were delightfully entertained. Plans were made for a picnic, which was held on June 8th.

The Alumnae of the Brantford General Hospital School of Nursing held their regular monthly meeting on Tuesday, May 5th, at the Nurses Residence. Plans were made for the entertainment of the graduating class to a dinner-dance at the Brantford Golf and Country Club, on Monday, June 8th.

General Hospital, Galt: The sympathy of the Alumnae is extended to Miss Irene Mason, 1931, on the death of her mother.

Miss Ruth Teeter, Wellesley Hospital, has resigned as Operating Room Supervisor in the Galt General Hospital. Miss Margaret Irvine, 1929, is visiting relatives in Scotland. Miss J. Lush, 1930, is convalescing from a recent operation at her home in Milton. Extensive renovations are being made to the Night Nurses Residence.

Guelph: Members of the 1931 graduating class of the Guelph General Hospital were entertained at a banquet given by the Alumnae on April 23rd, in Wyndham, Ont. The guests were received by Miss Bliss, Superintendent of the Hospital, and Miss Ferguson and Miss Kenney, representing the Alumnae. The long tables were very attractively decorated in red and white, the school colours. At the conclusion of the banquet the toasts to the King, the Graduating Class, the Training School and to Absent Members were proposed and suitable response given. A roll-call beginning with the first classes to graduate was an interesting feature of the evening. The names of the nurses receiving the prizes were announced and a book "Operating Room Technique" was presented to each member of the class. Dancing and a social time brought the very pleasant evening to a close.

Graduation exercises of the Guelph General Hospital were held April 30th in the Collegiate Auditorium. Dr. W. J. R. Fowler, representing the Board of Commissioners of the hospital, Dr. W. A. Proud of the hospital staff, and Mayor B. Robson, spoke briefly. Archdeacon G. F. Scovil gave the address to the class, following which the Florence Nightingale pledge was taken, led by Dr. H. O. Howitt. The pins, diplomas and prizes were presented. Miss Ethel Andrews won the prize for general proficiency; Miss Catherine Cleghorn, the prize for theory, and Miss Clara Hardy, the prize given by Dr. T. M. Savage for surgical technique. The graduating nurses were: Misses Olive Wood, Helen Pass, Alice Stephenson, Catherine Cleghorn, Margaret McNabb, Lila Chapman, Ethel Andrews, Ena Bentley, Clara Hardy, Olga Moffatt, Marguerite Thomas and Minnie Hall.

A reception followed for the members of the class and their friends in the Y.W.C.A., where they were received by Miss Bliss and Miss B. Macdonald. The graduating class was entertained at a dance given by the undergraduate student body on May 1st in the Y.W.C.A. gymnasium, and on Saturday afternoon at a tea given by Mrs. Angus MacKinnon.

Miss E. M. Eby, Guelph General Hospital, 1919, who this year is graduating in Public Health at London University, has been appointed Public Health Nurse in the City of Guelph.

INGERSOLL, ONT.: Plans for a modernly equipped nurses home for the Ingersoll Memorial Hospital are being prepared. The building will cost about $12,000, and will include living-room, lecture and amusement rooms, superintendent's office, kitchen and accommodation for about ten nurses.

DISTRICT 4

GENERAL HOSPITAL, HAMILTON: The second reunion and annual Alumnae dinner in honour of the 1931 graduation class was held on May 29th, 1931, at the Royal Connaught Hotel. Members were present from many points in Canada and the United States. Miss K. Madden, a former superintendent of nurses was the guest of honour. Dr. J. K. McGregor, chief of staff of the Hospital gave a brief address. The fine spirit which permeated the hospital, and which has been carried on as a tradition from year to year by the members of the Alumnae was mentioned by him. Professor Norman McLeod, of McMaster University was the speaker of the evening. "Nursing as an Art of Healing" was the subject of his inspiring address. The latter part of the evening was spent in renewing acquaintances and dancing.

DISTRICT 5

WESTERN HOSPITAL, TORONTO: At the regular meeting of the Alumnae held May 12th, 1931, an instructive lecture on "Peptic Ulcer" was given by Dr. T. A. J. Duff, using X-ray plates and black board illustrations. A large number of members were present.

Miss Evelyn Smith (1927), and Miss Edith Bolton (1928), have completed their scholarship courses at McGill University, Montreal. Miss Smith was awarded a Helen R. Y. Reid prize. Two other students tied with Miss Smith in this prize. Dr. Reid honoured all three students by awarding equally. Miss Smith's scholarship was the Alumnae 1930 award.

On June 2nd, 1931, the joint exercises of the graduating classes of the Toronto Western Hospital and Grace Hospital took place in Convocation Hall, when fifty nurses graduated. Miss Ellis, Superintendent of Toronto Western Hospital, and Miss Rowan, Superintendent of Grace hospital, presented each member of the class, while Mrs. Henry, wife of the Honourable George S. Henry, Premier of Ontario, made the presentation of diplomas and pins. A most inspiring address was given by Rev. Honourable W. G. Martin, Minister of Public Welfare. The Toronto Western Division comprised thirty members. A reception was held in Hart House of the University of Toronto, following the exercises.

HOSPITAL FOR SICK CHILDREN, TORONTO: Miss Austin and the members of the Training School Office Staff entertained at a tea, in the Nurses Residence, in honour of this year's graduating class.

Miss Olga Jean Johnson has recently returned from England.

GRANT MACDONALD TRAINING SCHOOL, TORONTO: The graduation exercises for the 1931 class of the Grant MacDonald Training School were held May 20th in the Parkdale United Church. The Rev. Mr. Soames gave the address to the class. Alderman Baker represented the city. Mr. J. Firstbrook acted as chairman. Following the service a reception and dance was held in the nurses residence which was beautifully decorated the many floral tributes.

ST. MICHAEL'S HOSPITAL, TORONTO: The Graduation Exercises of St. Michael's Hospital Training School for Nurses, Toronto, were held June 4th, 1931, at Columbus Hall. Mr. James Day acted as chairman. Scholarships and prizes were awarded to: Rose McQuaid, Marjorie Foreman, Margaret Robertson, Jean Fitchett, Mary Corkery, Mary Scott, Marjorie Houde, Aline Le Blanc, Amy Moore, Elsie Basnett, Madeline Moore and Helen Watman. A reception and tea followed the Exercises, which were concluded by a dance given by the members of the Hospital Auxiliary. The Alumnae entertained at dinner on June 8th in the Nurses' Residence, Shuter Street, in honour of the Graduating Class. The guests of honour included Dr. Esther L. Loudon, Mrs. George Wilson, Mrs. D'Arcy Trawley, Mrs. J. X. Robert, Mrs. George Glionna, and the past presidents of the Alumnae. Miss Julia O'Connor presided.

DISTRICT 8

OTTAWA: The Public Health Section of District 8, R.N.A.O., held a meeting and dinner at the Chelsea Club, Ottawa, on April

24th. Forty public health nurses from Ottawa and surrounding district attended the meeting. Miss E. Kathleen Russell, Director of Public Health Nursing, University of Toronto, was the guest speaker. Miss Russell's subject was "Nurse Education," with special reference to the training of nurses for public health work. With the speaker at the head table were Miss Marjorie Robertson, Chairman of the Public Health Section, Miss Elizabeth Smellie, Miss Bennett, Miss Garvin, Miss Clarke and Miss Anderson. After dinner and before Miss Russell's address members of the graduating classes of the Ottawa General Hospital and Ottawa Civic Hospital were invited to share the balance of the programme.

A tribute to the memory of Florence Nightingale was paid on May 12th by members of the ex-service Nurses section of the Ottawa branch of the Canadian Legion. At one o'clock Miss Bertha V. Hughes on behalf of the members placed a wreath before the nurses' memorial, Hall of Fame, Parliament Buildings, in commemoration of the birth of Florence Nightingale. On the same day, the Ottawa and Ottawa Valley Branch of the Canadian Red Cross Society placed a wreath on the nurses' memorial as a tribute to the leading figure of the nursing profession.

Through the kindness of Miss Elizabeth Smellie, many of the members of District 8 had the privilege of listening to an address by Miss Mary Beard, Associate Director of the Rockefeller Foundation, on "Public Responsibility for Public Health Nursing," at the afternoon session, May 20th, of the annual meeting of the Victorian Order of Nurses for Canada.

LADY STANLEY ALUMNAE, OTTAWA: The annual meeting of the Lady Stanley Nurses Alumnae was held on April 20th at the Royal Ottawa Sanatorium. After the business session and the reports of the various committees, Miss Evelyn Allen gave a very interesting report of the Convention, R.N. A.O., held in Kitchener. Officers elected for the ensuing year are as follows: President, Mrs. W. C. Elmitt; Vice-President, Miss M. McNeice; Secretary, Mrs. L. Morton; Treasurer, Miss Mary Slinn.

GENERAL HOSPITAL, OTTAWA: On May 12th (Hospital Day) a most delightful event was held at the Nurses Residence, when the Alumnae and the pupils of the D'Youville Training School entertained a large gathering at a reception and the unveiling of portraits of the first two superintendents, Sister Mary Alice of Plattsburg, N.Y., and Sister Josephat, the present Sister Superior. Miss Juliette Robert, President of the Alumnae, presided, and introduced the speakers, Dr. R. Chevrier and the Hon. Dr. J. L. Chabot, who spoke of the great work done bythe Hospital and of the splendid training the pupil nurses were receiving. Rev. Father Glaude, chaplain of the Hospital, moved a vote of thanks to the speakers. The portrait of Sister Mary Alice was unveiled by Miss S. McMillan and Miss M. Rowan, and the portrait of Sister Josephat by Miss B. Malette and Miss Latulippe.

On June 3rd a very interesting ceremony took place at the Monument National, when thirty-nine nurses of the Ottawa General Hospital were graduated. The stage where the nurses stood was banked with ferns, lovely baskets of roses, summer flowers, and was decorated with the school colours. Dr. J. H. Lapointe, vice-president of the hospital medical staff, presided. Among those on the platform who paid tribute to the splendid work performed by the Sisters of the Hospital and the nurses, were Dr. M. J. Moloney, M.P., Rev. Father Marchand and Archbishop J. G. Forbes. Mrs. Emile Laverdure, Chairman of the Ladies' Auxiliary, presented the diplomas to the nurses, and Miss Juliette Robert, president of the Alumnae, decorated the nurses with their class pins. Special prizes were awarded to the following members of the graduating class: Misses Alice Besner, E. Bubois, S. Robillard, L. Latulippe, S. McMillan, E. Poitras, H. Bechard.

RENFREW: A meeting of District 8, R.N. A.O., was held in Renfrew Hospital on May 16th. One hundred and two nurses from Ottawa and surrounding district were in attendance. After the nurses were welcomed by Miss K. Forbes, Superintendent of Renfrew Hospital, a business session was held and reports were received from the various committees. At luncheon greetings were extended by Mr. C. O. Thacker, Chairman of the Hospital Board and Miss W. Vale, on behalf of the Florence Nightingale Nurses Club. Short addresses were given by Dr. W. McCormack, Dr. J. J. McCann, Dr. S. H. Murphy and Dr. A. S. Wade. In the afternoon the meeting was addressed by Dr. Geo. Fenton, Ottawa, and Miss Esther Beith. Child Welfare, Montreal, after which inspection of the Hospital took place. At 4 p.m. the visiting nurses were taken on a sightseeing tour by members of the local Rotary Club, At the close of the meeting refreshments were served at the hospital by the members of the Florence Nightingale Club.

QUEBEC

CHILDREN'S MEMORIAL HOSPITAL, MONTREAL: Miss Dora Parry, who has completed a year in Administration at the School for Graduate Nurses, McGill University, has been appointed Assistant to the Superintendent of Nurses. Miss Parry is congratulated upon the high standing she maintained during the Course, and the honours she obtained at the final examinations. The sympathy of the Alumnae is extended to Miss F. Black in her recent bereavement.

Mrs. C. M. Kirk of Baltimore visited the Hospital while in town, recently. Members of the Alumnae held a Bridge at the Hospital on May 20th. The proceeds were in aid of the Sick Benefit Fund. Miss V. Schneider, 1929, has resigned her position as Operating Room Supervisor, and is taking a course in Anaesthesia at the Royal Victoria Hospital. Miss

Cochrane, 1931, has joined the Operating Room staff, Children's Memorial Hospital.

GENERAL HOSPITAL, MONTREAL: The annual dinner given to the Graduating Class by the Alumnae Association was held in the Ritz Carlton Hotel on June 3rd. The toast to "The King" was proposed by Miss Jamieson, Acting President; "The Graduating Class," by Miss Watling, responded to by Miss F. Steele; "Our Doctors," by Miss Webster, Night Superintendent. A very pleasing address to the Class was given by Miss Catherine I. MacKenzie, B.A., Principal of the Girls' High School, Montreal.

The Graduation Exercises for the 1931 Class were held at The Montreal General Hospital on June 2nd, when seventy-one nurses were given diplomas. The Mildred Hope Forbes Scholarships were won by Miss Candlish and Miss McMurchy. Prizes for general proficiency were won by Miss E. McLellan and Miss C. M. McDonald. A special prize, given by the instructors for Case Study and application to studies was won by Miss C. R. Aitkenhead. Misses Evelyn Wales, Clara Jackson, Abigail Baker and Beatrice Hadrill were among those graduating recently from the School for Graduate Nurses, McGill University. Miss Hadrill, Administration Course, was awarded the Helen R. Y. Reid prize for that division.

Miss B. Noble, 1929, has resigned from the staff of the Hospital, and with Miss Frances Coleman, 1929, is in charge of the Murray Bay Convalescent Home for the summer months. Miss A. M. Smith, 1929, succeeds Miss Noble as charge nurse of Ward L. Miss M. E. Hunter, 1930, is in charge of Ward R. Miss Lyle Willis, 1930, is relieving on night duty (Montreal General Hospital), succeeding Miss Marjory Taylor, 1929, who has resigned. Misses Bartsch, Webber and Currie (1931) are on the staff of the Woman's General Hospital, Montreal. Misses M. R. Yelland and M. L. Woolner, 1931, are relieving on the staff of the Montreal General Hospital, Western Division.

The sympathy of the Association is extended to Mrs. J. Jack (Winnifred Scott, 1915) in the loss of her husband, and to Miss Helen Tracey (1917) in the loss of her sister.

The following engagements have been announced: Miss Gladys Mitchell (1925) to Mr. Randolph Hinch, of Montreal; and Miss Edna L. Shaver (1928) to Dr. Rafael de Boysie, of Santiago, Cuba.

WESTERN HOSPITAL, MONTREAL: The sympathy of the members of the Alumnae is extended to Miss Cuthbertson on the death of her father, recently, in Detroit. Miss Marjorie Smith is doing Child Welfare Work in Port of Spain, Trinidad, B.W.I. Miss E. Gunn is engaged in Social Service Work in The Children's Hospital, Winnipeg, and finds the work intensely interesting. Miss Grace Hamilton is employed by the Provincial Department of Agriculture, Englehart, Ontario, giving classes in Home Nursing and First Aid. Miss Mabel Drake, 1910, has been a patient in Nova Scotia Sanatorium, Halifax.

SASKATCHEWAN

CITY HOSPITAL, SASKATOON: Graduation exercises of the School of Nursing were held on May 12th in the City Park Collegiate, when thirty nurses received their pins and diplomas. Very fittingly, the graduation address was given by His Honour Lieutenant-Governor H. E. Munroe, M.D., who has always been very closely connected with the Hospital. On the evening of May 13th, the Alumnae entertained at a banquet in honour of the 1931 class. Miss Watson, Superintendent of Nurses, was also a guest of honour. The toast to The King was proposed by Mrs. Elliott. The toast to the graduating class, proposed by Miss Amas, was responded to by Mrs. Findlay; that to the school was proposed by Mrs. Hartney, and replied to by Miss Ratcliffe. Among visitors to the city during graduation week were Miss E. MacKay, 1928, the guest of Mrs. Pendleton, 1929, Miss Simms, Mrs. Somers, and Mrs. R. Fingarson (June Nicholls, 1928), of Lannigan, the guest of her parents.

Miss Greta Munroe, who has been ill for a considerable time, was able to leave the hospital recently.

UNIVERSITIES

MCGILL UNIVERSITY, MONTREAL: The annual meeting of the Alumnae Association of the School for Graduate Nurses was held on May 28th, at the Children's Memorial Hospital. Miss Martha Batson, President, reported that the past year had been a fairly active one; although the membership in Montreal is small, the average attendance was good. The Association is greatly indebted to Miss Hersey, Miss Holt, Miss George and Miss Upton for their kindness in permitting meetings to be held in their rooms; and to Miss Kinder for the privilege of holding the annual meeting at the Children's Memorial Hospital.

The loss by death of two of the members during the past year, Miss Louise Dickson and Miss Mabel Cunningham, was noted with deep regret. Both were outstanding members of the nursing profession. Miss Dickson was a very active alumnus, having held the office of President for two years. Her death came as a great shock to all who knew her. Miss Batson remarked on the loyal support and co-operation of the members of the Executive Committee and the members who formed special committees during the year, expressing to them her appreciation and thanks. The Secretary-Treasurer, Miss E. Flannigan, reported that the response to the letters sent to graduates of the school inviting them to join the Alumnae had met with good response; some graduates also sending subscriptions to the Bridge in aid of the Flora Madeline Shaw Memorial Fund. The convener of the Bridge reported after all expenses were paid that the sum of $365.00 was realized for the Fund. All officers were re-elected for 1931-32.

VICTORIAN ORDER OF NURSES

The thirty-third annual meeting of the Board of Governors of the Victorian Order of Nurses for Canada, held in Ottawa on May 20th and 21st, was one of the most interesting ever held by that organisation. Forty-six of the Order's eighty-two districts were represented, and there was a large attendance at all sessions.

The morning of the first day, May 20th was occupied by a joint session of the Advisory Nursing and Education Committees with the Nurses Conference (which had met for two days previous to the annual meeting), Mrs. R. W. Reford, of Montreal, presiding.

At a luncheon for the delegates given by the President, the Right Honourable George P. Graham and Mrs. Graham, the speaker was the Honourable Murray MacLaren, Minister of Pensions and National Health.

At the afternoon session, following the President's welcome to the delegates, reports and election of officers, an excellent address was delivered by Miss Mary Beard, Associate Director, International Health Disivion, Rockefeller Foundation, on the subject, "Public Responsibility for Public Health Nursing."

A unique feature of this year's meeting was the collection of exhibits assembled in response to a competition sponsored by the Education Committee of the Order. Twenty-six districts sent in exhibits, and on behalf of Her Excellency, the Countess of Bessborough, Honorary President of the Order, the awards were presented to the winning districts by Lady Clark at the afternoon session on May 20th. In the 1-2 Nurse District group, first prize was won by Sarnia; Brockville came second; Truro and Kingston received honourable mention. In the 3-10 Nurse District group, first prize was won by Hamilton; Burnaby came second, with Victoria, Edmonton and Glace Bay having honourable mention. Honourable mention with distinction was awarded Sherbrooke. In the 11-25 Nurse District group, the one and only prize was awarded to Halifax. In this group Winnipeg was recommended for a special award. In the over 25 Nurse District group, Toronto received the prize.

The report of the Chief Superintendent, Miss Elizabeth Smellie, was replete with interest, and pictured graphically the growth of the work throughout the year. Eight new centres were opened in 1930. Eight scholarships were awarded by the National Board. The Order's maternal mortality rate shows progressive decline:

1927	2.5
1928	1.6
1929	1.7
1930	1.2

On the evening of the first day, Dr. A. Grant Fleming delivered a thoughtful and inspiring address on the subject of "Relationships."

Thursday morning was taken up with a round table conference for Board Members. At luncheon the speaker was Dr. A. Grant Fleming who addressed the gathering on "Sidelights on the Survey," being a resume of his recent survey of the activities of the Order.

Thursday afternoon was occupied by a round-table discussion for the benefit of one and two nurse districts. At the close of the afternoon, tea was served at the National Office.

At the National Victorian Order Nurses' Conference, held the two days previous to the annual meeting (the first National V.O. Nurses' Conference to be held since 1924), problems incidental to the conduct of Victorian Order work throughout Canada were discussed. Fifty nurses were registered, the official delegates being: Miss M. Duffield, British Columbia; Miss H. Ash, Alberta; Miss I. Craig, Saskatchewan; Miss Lilly Gray, Manitoba; Miss Edith Campbell, Ontario; Miss M. Moag, Quebec; Miss Ada Burns, New Brunswick; and Miss Mary Campbell, Nova Scotia.

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

BJORGE—On May 15th, 1931, at Edmonton, to Mr. and Mrs. Ingvald Bjorge (Gertrude Alice Pazant, Royal Alexandra Hospital, 1925), a daughter.

FREEMAN—In May, 1931, to Mr. and Mrs. Russell Freeman (Kathleen Cantelon, Toronto General Hospital, 1928), a daughter.

GILLESPIE—On March 10th, 1931, at Montreal, to Mr. and Mrs. D. B. Gillespie (Marion Beckstead, Western Hospital, Montreal), a son.

MORTON—Recently, to Mr. and Mrs. Robert Morton (Ruth Cameron, Hospital for Sick Children, Toronto, 1924), a son.

MURPHY—On April 4th, 1931, to Dr. and Mrs. Frank Murphy (Ann Scullin, Western Hospital, Montreal, 1922), a daughter.

McCORMACK—Recently, at Toronto, to Dr. and Mrs. James McCormack (Marion Harrison, St. Michael's Hospital, Toronto, 1923), a daughter.

McDERMOTT—On March 5th, 1931, at McAdam, N.B., to Mr. and Mrs. Thomas McDermott (Marie Allan, Chipman Memorial Hospital, St. Stephen, 1926), a daughter.

O'DELL—In May, 1931, to Mr. and Mrs. O'Dell (Dorothy Snowden, Toronto General Hospital, 1927), a son (stillborn).

OSBORNE—Recently, at Montreal, to Mr. and Mrs. C. Osborne (Fidella Hummel, Children's Memorial Hospital, Montreal, 1927), a son.

PEACOCK—Recently, at Kingston, Ont., to Mr. and Mrs. H. Charles Peacock (Daisy Irwin, Oshawa General Hospital, 1925), a daughter.

PITT—On May 6th, 1931, at Dryden, Ont., to Mr. and Mrs. J. A. Pitt (Florence M, Thorpe, Grace Hospital, Toronto, 1926). a son (stillborn).

SCHRAIN—On May 22nd, 1931, at Montreal, to Mr. and Mrs. T. Schrain (L. Stinson, Montreal General Hospital, 1924), a daughter.

SELDON—On May 6th, 1931, at East Toronto, Ont., to Mr. and Mrs. Harold Seldon (Gladys Eaton, Oshawa General Hospital, 1929), a daughter.

MARRIAGES

ALBON — SIMMERLING — Recently, Martha Simmerling (The Grant MacDonald School of Nursing, Toronto, 1930) to John Albon, of St. Catharines, Ont.

CARTER—RORKE—On May 30th, 1931, at Madoc, Ont., Doris Aileen Rorke (Toronto General Hospital, 1930) to Frederick John Carter, of Toronto.

CRAWFORD—BROWN—On May 30th, 1931, at Brantford, Ont., Mary Bernice Brown (Toronto General Hospital, 1930) to John Harley Crawford, of Wingham, Ont.

DALEY—CROWLEY—On August 28th, 1930, at Toronto, Audre Crowley (St. Michael's Hospital, Toronto, 1931) to Herbert Daley.

KNOWLTON—TEAFFE—On May 22nd, 1931, at Ottawa, Mary Teaffe (St. Michael's Hospital, Toronto, 1928) to Leo Knowlton, of Toronto.

MORRIS—MALYEA—On May 13th, 1931, at Toronto, Margaret Malyea (St. Michael's Hospital, Toronto, 1930) to Herbert Morris.

McCULLEY—BURRELL—In May, 1931, at Toronto, Marjorie Eleanor Burrell (Toronto General Hospital, 1929) to Thomas McCulley, of Toronto.

PAISLEY—LA MOTHE—On April 22nd, 1931, at Toronto, Elizabeth La Mothe (St. Michael's Hospital, Toronto, 1930) to Clifford Paisley.

PURCELL—SHAW—On May 12th, 1931, at Saint John, N.B., Winnifred Shaw, of Hartland, N.B., to Maynard Purcell, of Milltown, N.B.

REID—RANDALL—On May 30th, 1931, at Toronto, Suzanne Randall (Toronto General Hospital, 1928) to Dr. George Reid, of Toronto.

SUTHERLAND—McCORMICK—On May 2nd, 1931, at Montreal, Jean McCormick (Montreal General Hospital, Western Division, 1926) to Donald Sutherland, of Montreal.

WHITE—ALDONS—On June 5th, 1931, at Toronto, Florence Hilda Aldons (Toronto General Hospital, 1927) to William Arthur White, of Toronto.

WILEY—GILCHRIST—On June 6th, 1931, at Toronto, Edith Mary Gilchrist (Toronto General Hospital, 1925) to Dr. William R. D. Wiley, of Sault Ste. Marie.

DEATHS

BATTYE—Suddenly, at Malton, Ont., on June 6th, 1931, Anne Searth (St. Michael's Hospital, 1930), daughter of the late Mr. and Mrs. Charles Battye, aged 23 years.

GREENAWAY—Recently, at Edmonton, Agnes Huston (Toronto Western Hospital, 1913), wife of Dr. Alex. Greenaway.

SIMPSON—On June 7th, 1931, at Montreal, Mrs. C. P. B. Simpson (Margaret Smith, Montreal General Hospital, 1905).

THE CANADIAN NURSE

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Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A.A., BRANTFORD GENERAL HOSPITAL

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A.A., BROCKVILLE GENERAL HOSPITAL

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Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

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A.A., ST. LUKE'S HOSPITAL, OTTAWA

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Meetings will be held the second Tuesday in each month at 8 p.m. in the Assembly Room, Nurses' Residence, Toronto Western Hospital.

A.A., WOMEN'S COLLEGE HOSPITAL, TORONTO

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Meetings at 74 Grenville St., second Monday in each month.

A.A., CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

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Meeting—First Monday of each month, at 9 p.m.

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Regular Meeting—First Tuesday of January, April, October and December.

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A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

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Regular monthly meeting every third Wed., 8 p.m.

A.A., JEFFERY HALE'S HOSPITAL, QUEBEC

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Meetings, second Monday each month at 8.30 p.m., St. Paul's Nurses Home.

A.A., SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL, P.Q.

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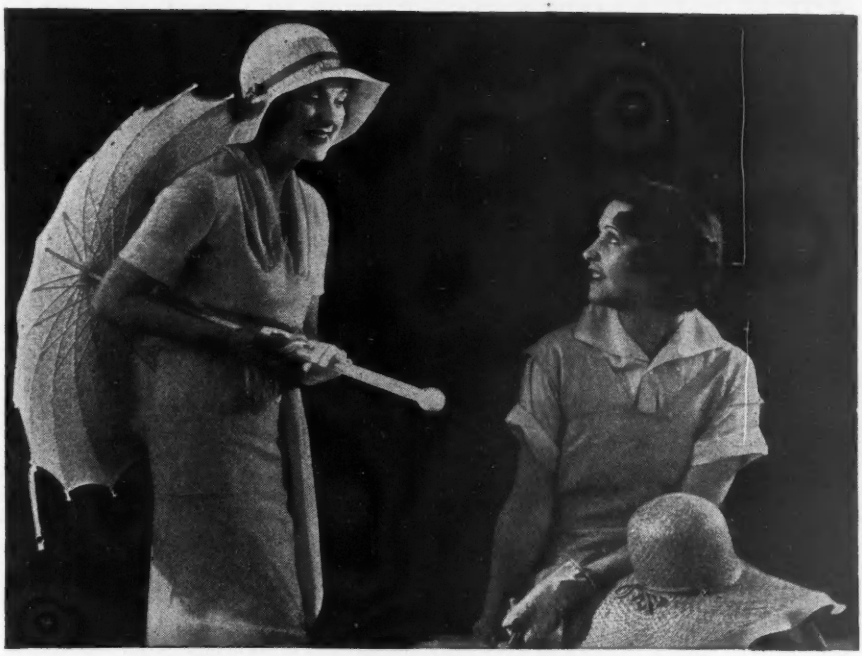
In connection with the celebration of the fiftieth anniversary of the School for Nurses, Toronto General Hospital, a complete history of the school has been published. The publication is in book form, is very attractively illustrated and gives in detail the development of the school from the time of organisation in 1881 until the present time.

Copies may be secured by application to the Superintendent of Nurses, Toronto General Hospital, Toronto. Price, including postage, $1.50.



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